CIVITAS OXONIENSIS

CITY OF OXFORD

ANNUAL REPORT

of the

MEDICAL OFFICER OF HEALTH

for the year

1956

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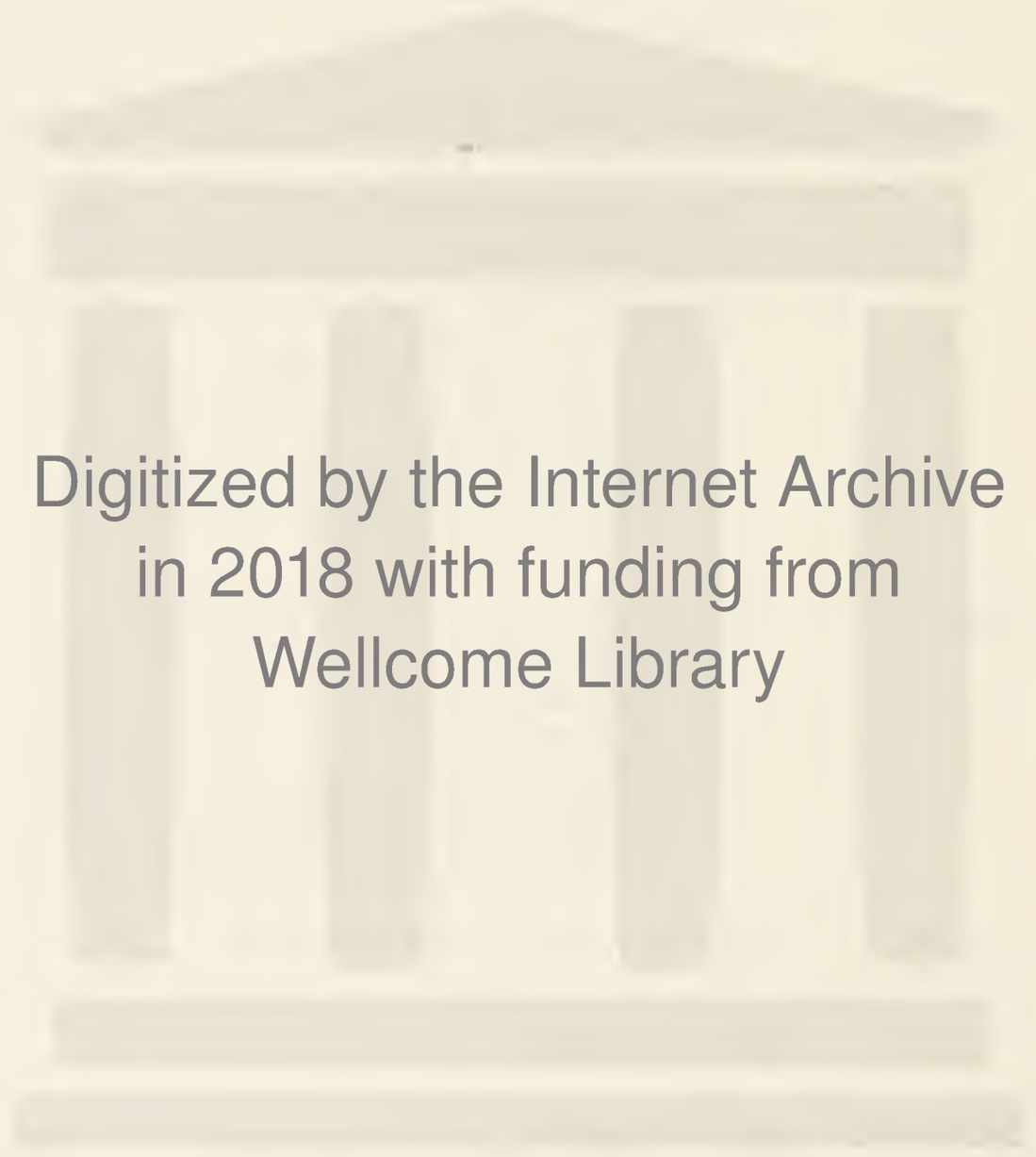


Madam Chairman, Ladies and Gentlemen,

This is my ninth Annual Report and is compiled in accordance with Ministry of Health Circular 19/56.

Satisfactory vital statistics include no maternal mortality; a very low stillbirth rate; a low neo-natal mortality rate, and the second lowest infant mortality rate on record, all evidence of the very high standard of the maternity and paediatric services in this city. An unsatisfactory feature of the statistics is a further increase in the illegitimate birth rate, which now stands at 9%, a figure double that for England and Wales.

There was a slight increase in deaths from lung cancer, and although the majority of these occurred in males, the number of deaths in females from this cause was the highest so far recorded. During the year, further evidence has accumulated, as a result of investigations in this and other countries, of the undoubted association between lung cancer and heavy smoking. If adults are unable or unwilling to heed these obvious warnings and reduce their own consumption of tobacco, at least they should do their best to discourage children from starting this unhealthy habit.

The new ambulance depot has been a boon to both staff and vehicles. There has been a further increase in the number of patients carried and also an increase for the second successive year in the total mileage. As a result, it was necessary to increase the control room staff and to purchase an additional utilecon vehicle for use at Cowley Road Hospital.

The report of the Health Visitors' Working Party, of which your Medical Officer of Health was a member, was published during the year, and consideration is now being given to the recommendations made. The experiment in combined home nursing, health visiting and school nursing has continued in the South Oxford area, with the third holder of the post, and it is hoped to give a detailed report next year. Further experiments have been made in decentralisation, and where clinics are suitable and conveniently placed, health visitors have been encouraged to make these their headquarters. A most interesting development towards the end of the year was the full-time attachment of a health visitor (Miss K. Hayes) to a partnership of three practitioners (Drs. R. G. Seaver, D. H. Richards and W. G. R. M. Laurie) who, as stated in my last report, were already holding a regular weekly surgery for well babies and young children in their practice. A review after three months showed that the arrangement was working to everybody's satisfaction.

The home help service had a busy but successful year, and it is satisfactory to be able to report that practically every request for help was met. It is worthy of comment that 31 out of the present staff of 73 home helps have served for over 5 years and, in so doing, must have gained much valuable practical experience in the care of the homes of the aged and sick. A new assessment scale came into operation during the year, and a similar scale was later applied to the day nurseries and to patients sent for convalescence.

The first full year of direct administration of the home nursing service has passed very smoothly and the very helpful co-operation which we have received at all times from the Queen's Institute of District Nursing has been much appreciated.

It was another quiet year insofar as the infectious diseases were concerned. The incidence of scarlet fever was again very low; there was no case of diphtheria for the seventh successive year; there was only one case of typhoid fever, in a patient visiting Oxford from India, where the infection had been contracted. There were only two cases of poliomyelitis, a very mild one in a schoolgirl in July, and a severe case in an undergraduate in December. A small outbreak of measles occurred in the early summer, followed by a more extensive outbreak commencing in the autumn and continuing into 1957. There were only 29 cases of whooping cough, which is easily the lowest figure recorded. There were six outbreaks of food poisoning, five of which were relatively small and insignificant, whilst the largest occurred amongst patients at Cowley Road Hospital.

During the year, the city experienced its heaviest outbreak of Sonne dysentery. The disease was generally mild and schoolchildren and their families were most heavily involved. An attempt was made to control the outbreak by bacteriological means but, in the light of the experience gained, it has been decided that this disease is best dealt with mainly on a clinical basis. It is not, therefore, proposed in future to exclude contacts from school or work unless there are very special risks involved, and cases will be freed from isolation as soon as their clinical condition permits.

There was an appreciable fall in the number of tuberculosis notifications and there were only 5 deaths, giving the lowest recorded tuberculosis death rate. These encouraging statistics do not, however, mean that this serious disease has now been conquered; rather should they act as a stimulus to redouble our efforts towards finding and treating the remaining infectious cases. To this end, two units of the regional mass radiography service paid a welcome return visit to the city early in 1957 when, during a period of six weeks, it is estimated that about 41% of the adult population had a chest X-ray.

The smallpox vaccination rate was 61%, a very similar figure to that for the last three years. As a result of an unusual number of "failures", the conclusion was reached that an occasional batch of lymph was not as potent as it should be and this led to a visit to the Lister Institute and a helpful discussion with Dr. McLean who is responsible for the production of the vaccine lymph.

As indicated in last year's report, "triple antigen" came into use in April, thus reducing the number of routine injections in infancy from five to three and giving simultaneous protection against diphtheria, whooping cough and tetanus. It is encouraging that, probably as a direct result of the use of triple antigen, the number of children receiving the full

primary course of diphtheria immunisation went up during the year, as did also the number of children protected against whooping cough. Our scheme, which seems to have worked well, has been to vaccinate at 10 weeks, followed by three injections of triple antigen at the 3rd, 4th and 5th months of life. A revised form of weight record card, giving also details of all immunising procedures, was brought into effect during the year.

Vaccination against poliomyelitis commenced in May and 176 out of the 1,724 children registered under the Ministry of Health scheme were vaccinated before the end of June. Further supplies of vaccine only became available towards the end of February, 1957.

As usual, there has been excellent co-operation between the three branches of the midwifery service. Various discussions concerned with the preparation of evidence for the Guillebaud Committee have taken place and particular attention has been paid to the importance of adequate antenatal care. In this latter respect, general practitioners are sending an increasing number of patients to our antenatal clinics for routine blood testing. An improved system of midwives' records was introduced during the year; three previously separate reports are now incorporated in one document which is kept at the mother's home and is available for reference by midwife, general practitioner or hospital consultant. Amongst the 436 domiciliary confinements, there were only 7 perinatal deaths (still-births plus babies dying during the first week of life). Each of these was very carefully investigated and assessed, and it was concluded that in 4 the death was quite unavoidable, whilst in the remaining 3 it was probably unavoidable in the present state of knowledge.

Many gynaecological troubles follow inadequate postnatal care and, although 80% of mothers had a routine postnatal examination, nothing short of 100% is really satisfactory.

Great care and attention is given to all premature babies, and it is most satisfactory to be able to report that of 77 babies born weighing less than 5½ lb., no less than 80.5% were alive at the end of one month.

There are now 20 child welfare clinics held each week with an average attendance of 28 children at each. Routine tuberculin jelly testing was again part of each birthday examination and out of 1,721 children tested, only two gave a positive reaction but each led to the discovery and treatment of an adult case of open pulmonary tuberculosis.

A report received from the Paediatric Department giving information about children seen at hospital because of accidental poisoning, shows clearly that more care is needed in keeping such household articles as cleansing materials and medicaments for external application out of the reach of enterprising toddlers. In June, 1954, a scheme was started for the early registration of potentially handicapped children and, by the end of 1956, 54 young children with a wide variety of handicaps, had been placed on this special list and will, as a result, be kept under continuous observation. During the year, further steps were taken towards effecting closer liaison between the hospital psychiatric services and members of

the medical, health visiting, and mental health staff of the department, who, as opportunity afforded, attended case conferences at the child guidance clinic as well as lectures and case conferences at the Warneford Hospital.

The number of new admissions to mental hospitals reached a new record of 406, of which 67% were voluntary patients. Mental hospitals are being used increasingly, just like all other hospitals, by patients who enter and leave of their own free will. It is gratifying to report that only 7 out of 77 patients admitted over the age of 60 were certified; a satisfactory state of affairs resulting from close co-operation between Littlemore and Cowley Road Hospitals, and between the welfare and mental health sections of the Health Department. The very fine Ashhurst Clinic at Littlemore and the plans for a child psychiatric unit at the Park Hospital are both valuable additions to the mental health services of the area.

Dr. Beryl Anscombe rejoined the staff at the beginning of October, following her visit to the United States of America. She had been granted leave of absence for one year in order to take an appointment on the staff of the Children's Mental Health Centre in Columbus, Ohio. Since her return, she has given the benefit of her experience to her medical and health visitor colleagues and so has helped us to have more insight into the mental health problems likely to arise in the maternity and child welfare sphere of our work.

The ground-floor extension to Barton End old people's home came into use in December, and the building of the new Bayswater home is now well under way. This additional accommodation is badly needed as the Laurels, Frilford House and Barton End are all overcrowded. There has been increased emphasis on the importance of home care for the aged and infirm, and arrangements towards this end have necessitated co-operation between several sections of the department as well as close collaboration with a number of voluntary organisations. There is great scope for voluntary work in connection with aged and handicapped persons, and this city is most fortunate in having so many voluntary bodies devoting much of their time and energy to this important work and, in doing so, showing great willingness to co-operate with each other and with the local authorities. The conversion of Red Barn for use as a handicapped workshop has been delayed by the need for national economy, but it is confidently anticipated that the alterations will be completed before the end of 1957. The chiropody service, sponsored by the Council of Social Service and run in connection with old people's clubs, has again been a great success, the limiting factor against further expansion now being a shortage of chiropodists rather than money. Unsuitable footwear, worn over many years, is largely responsible for the very heavy demands made on the chiropody service by old people; judging by the absurd shapes of many current fashionable ladies' shoes, future needs for chiropody are likely to increase substantially. Most painful feet of old age could be

prevented by the wearing of properly shaped footwear throughout life. When will we learn to act on this simple truth and demand sensible footwear instead of accepting so meekly the instruments of torture dictated by dame fashion ?

The hygiene section of the department has had an exceptionally busy year. There is a national shortage of public health inspectors and when a member of our staff recently obtained a post elsewhere, there was no response whatsoever to repeated public advertisements; a situation which is most worrying when there is so much important work to do.

The establishment of a central smoke control area under the Clean Air Act, 1956, instead of the projected smokeless zone under the Corporation Act, 1953, was agreed to in principle early in 1957. Although the smoke problem in Oxford is obviously not as bad as in many northern industrial areas, nevertheless scientific investigation and assessment has shown that this city does suffer from an undesirable degree of pollution. The effect of this on stone and brickwork is obvious and much time and money has recently been spent on cleaning some of the beautiful buildings in the centre of the city. The effect on health is not so visible, but is none the less, very important. Surely, in this city of beauty and learning, every practicable step towards the reduction of smoke pollution should receive universal approbation ?

The slum clearance programme, under which it is hoped to deal with about 700 houses in the course of 6 years, made a start with the declaration of 3 clearance areas in St. Ebbe's involving 74 dwellings, and preparations are well in hand for the representation of further areas involving over 100 houses.

The clean food campaign continues to make good progress, and the improved hygiene standard of food stalls in both the closed and open markets is welcomed. The two slaughterhouses have dealt with an increased number of animals, particularly sheep. There is a serious shortage of cool hanging storage space and, perhaps as a result, there was an increase in the amount of meat condemned because of decomposition.

Bacteriological samples of imported egg material were again unsatisfactory and this product must continue to be regarded as a source of potential danger. Such obviously polluted food material should, in my view, be refused entry to this country or at least be subject to adequate heat treatment before distribution.

The activities of the section with regard to pest control have continued and there is welcome evidence of a diminution in the size and number of infestations found. The department was saddened by the sudden death of Mr. W. Lay, who had been senior outdoor assistant for over 18 years. Mr. Lay had been a most conscientious and popular member of the staff and our deep sympathy was extended to his widow.

Responsibility for the ambulance and welfare sections of the Civil Defence Corps continued to occupy part of the time of various members of the staff of the Health Department.

Although I am responsible for this Report, many members of my staff, some named and others not mentioned personally, have contributed to it, and it is a very real pleasure and privilege to acknowledge, once again, the willing and able support I have received from all members of my staff throughout the year.

Finally, I should like most sincerely to thank you, Madam Chairman, and all Members of the Health Committee, for the encouragement and kindly consideration extended to me and to members of my staff throughout the course of another busy year.

Yours faithfully,

J. F. WARIN,

Medical Officer of Health.

SECTION I

COMMITTEE MEMBERS

HEALTH COMMITTEE

Chairman: Alderman Mrs. HARRISON-HALL.
Vice-Chairman: Councillor MEADOWS.

Alderman Mrs. ANDREWS.
,, BLACKLER.
,, CAPEL.
,, Mrs. PRICHARD.
,, SMEWIN.
Councillor BROMLEY.
,, FERGUSON.
,, Mrs. E. GIBBS.
Councillor HUGHES.
,, KINCHIN.
,, Mrs. PACKFORD.
,, ROBERTS.
,, TAYLOR.
,, Mrs. TEAL.
,, WARRELL.
,, Mrs. WATSON.

Mrs. M. HOUGHTON, Miss O. ALLAWAY } representing the Oxford County and City Executive Council.

Mr. J. G. ROBINSON, representing the United Oxford Hospitals.

MATERNITY, CHILD WELFARE AND HOME SERVICES SUB-COMMITTEE

Chairman: Alderman Mrs. PRICHARD.
Vice-Chairman: Councillor Mrs. PACKFORD.

Alderman Mrs. ANDREWS.
,, Mrs. HARRISON-HALL.
Councillor Mrs. E. GIBBS.
,, MEADOWS.
Councillor WARRELL.
,, Mrs. WATSON.
Mrs. HOUGHTON.

Mrs. H. C. BROWN, J.P.
Mrs. COATE.
Mrs. DEAN.
Miss HAIG-BROWN.
} co-opted.

MATERNITY FINANCE SECTION

Chairman: Alderman Mrs. PRICHARD.
Vice-Chairman: Councillor Mrs. PACKFORD.

Alderman Mrs. HARRISON-HALL.
Councillor Mrs. E. GIBBS.
Mrs. DEAN.

MOTHER AND BABY HOSTEL HOUSE SECTION

Chairman: Mrs. DEAN.
Vice-Chairman: Councillor Mrs. PACKFORD.

Alderman Mrs. HARRISON-HALL.
,, Mrs. PRICHARD.
Mrs. COATE.
Miss HAIG-BROWN.

MENTAL HEALTH SUB-COMMITTEE

Chairman: Alderman Mrs. PRICHARD.
Vice-Chairman: Councillor WARRELL.

Alderman Mrs. HARRISON-HALL.
Councillor KINCHIN.
,, MEADOWS.
,, Mrs. PACKFORD.
Councillor TAYLOR.
,, Mrs. TEAL.
Mrs. HOUGHTON.

Mrs. H. C. BROWN, J.P.
Miss M. R. H. BUCK
} co-opted.

WELFARE SERVICES SUB-COMMITTEE

Chairman: Councillor Mrs. E. Gibbs.

Vice-Chairman: Councillor Meadows.

Alderman Mrs. Andrews.
,, Blackler.
,, Mrs. Harrison-Hall.
Councillor Bromley.
,, Ferguson.
Councillor Kinchin.
,, Mrs. Packford.
,, Roberts.
,, Mrs. Watson.

Mr. J. G. Robinson.

WELFARE SERVICES HOUSE SECTION

Chairman: Councillor Mrs. E. Gibbs.

All members of the Welfare Services Sub-Committee.

GENERAL PURPOSES SUB-COMMITTEE

The Chairman and Vice-Chairman of the Health Committee, and of the Maternity Child Welfare and Home Services, Mental Health and Welfare Services Sub-Committees, *ex-officio*, together with Alderman Mrs. Andrews and Councillor Roberts

Representatives on Joint Ambulance Committee:

Alderman Mrs. Harrison-Hall.
Councillor Mrs. E. Gibbs.
Councillor Warrell.

Representatives on Oxford Voluntary Tuberculosis Care Committee:

Alderman Mrs. Harrison-Hall.
Councillor Kinchin.
Councillor Meadows.
,, Mrs. Packford.

HOUSING COMMITTEE

Chairman: Councillor Chaplin.

Vice-Chairman: Councillor Mrs. Goulton-Constable.

Alderman Knight.
,, Lady Townsend.
Councillor Chester.
,, Conners.
,, Fagg.
Councillor Fell.
,, Foot.
,, Ingram.
,, Keith-Lucas.
,, Pickstock.

HEALTH DEPARTMENT STAFF

Medical Officer of Health:
J. F. Warin, M.D., D.P.H.

Deputy Medical Officer of Health:
G. F. Willson, M.D., D.P.H.

Senior Assistant Medical Officer for Maternity and Child Welfare:
M. Fisher, B.Sc., M.R.C.S., L.R.C.P., M.M.S.A., D.C.H.

Assistant Medical Officers of Health:
B. G. Anscombe, M.B., Ch.B., D.R.C.O.G.
E. J. Coulter, M.B., Ch.B., D.C.H.
A. J. Jenkins, M.D., D.P.H., D.C.H. (Part-time).
P. K. Sylvester, M.B., B.S., D.C.H., D.R.C.O.G. (On leave of absence for D.P.H. course).
W. J. Wigfield, M.B., B.Ch., D.P.H.

Consultant Tuberculosis Officer: (*part-time*)
F. Ridehalgh, M.D., F.R.C.P.

Principal Dental Officer:
C. H. I. Millar, B.Sc., L.D.S.

Assistant Dental Officer:
J. D. W. Barnett, B.D.S.

Dental Attendant:
Miss S. Morris. (Ceased 16.7.56).
Mrs. S. M. Stockwell. (Commenced 27.8.56).

Chief Public Health Inspector:
W. Combey, D.P.A., F.A.P.H.I., A.M.I.P.H.E. (*a*) (*b*) (*c*) (*d*).

Deputy Chief Public Health Inspector:
E. Edlington (*a*) (*c*) (*e*).

District Public Health Inspectors:
K. England (*a*) (*b*).
J. Forrest (*a*) (*b*). (Commenced 1.2.56).
K. O. Keighley (*a*) (*b*).
J. P. Mullard (*a*).
A. F. Pavey (*a*) (*b*).
J. G. Scott (*a*) (*b*) (*e*).
R. C. Stentiford (*a*) (*b*).
D. Watson (*a*) (*b*) (*d*).

Pupil Public Health Inspectors: 2.

(*a*) Sanitary Inspector's Certificate, Sanitary Inspectors' Joint Board.
(*b*) Meat and Food Inspector's Certificate, Royal Society of Health.
(*c*) Sanitary Science Certificate, Royal Society of Health.
(*d*) Smoke Inspector's Certificate, Royal Society of Health.
(*e*) Testamur of Inst. Public Cleansing.

Disinfector: 1. *Outside Public Health Assistants*: 5.

Superintendent Health Visitor:
Mrs. D. Weller (*a*) (*b*) (*c*) (*d*).

Health Visitors:

Miss J. Barnett (*a*) (*b*) (*c*).
Miss K. Baylis (*b*) (*c*).
Miss D. Bree (*a*) (*b*) (*c*).
Miss N. Crookall (*b*) (*c*).
Miss G. Davies (*a*) (*b*) (*c*).
Mrs. B. Eagle (*a*) (*b*) (*c*).
Miss K. J. Hayes (*a*) (*b*) (*c*).
Miss G. M. Lawrence (*a*) (*b*) (*c*).
Miss E. M. Maylam (*a*) (*b*) (*c*).
Mrs. E. Nelms (*b*) (*e*). (Ceased 31.8.56).
Mrs. B. M. Popham (*b*) (*c*).
Miss D. Pyle (*a*) (*c*).
Miss M. Salmon (*b*) (*c*).
Miss H. Spickernell (*a*) (*b*) (*c*).
Miss E. M. Watson (*a*) (*b*) (*c*). (Ceased 14.10.56).

Students: 3 1st year, 4 2nd year.

Health Visitor/District Nurse:

Miss W. Watkins (*a*) (*b*) (*c*) (*f*). (Ceased 18.11.56).
Miss M. Brown (*a*) (*b*) (*c*) (*f*). (Commenced 1.12.56).

Non-Medical Supervisor of Midwives:

Miss P. V. Needham (*a*) (*b*).

Midwives:

Miss M. C. R. Fisher (*a*) (*b*) . (Commenced 1.7.56).
Mrs. A. E. Godfrey (*a*).
Miss J. N. Hoare (*a*) (*b*). (Commenced 6.1.56).
Miss D. Inness (*a*) (*b*).
Mrs. F. Keyte (*a*). (Ceased 31.7.56).
Miss P. Millar (*a*) (*b*).
Miss M. E. Viner (*a*) (*b*).

Superintendent, District Nurses:

Miss H. Longhurst (*a*) (*b*) (*c*) (*f*).

Assistant Superintendent, District Nurses:

Miss M. R. Dors (*a*) (*b*) (*c*) (*f*).

District Nurses:

Miss E. M. Callan (*a*) (*b*) (*f*). (Commenced 1.9.56).
Miss N. Drewe (*a*) (*b*) (*f*).
Mrs. G. Hughes (*a*) (*b*) (*f*).
Miss N. Jenkins (*a*) (*b*) (*f*). (Ceased 31.10.56).
Miss M. Johnson (*a*) (*b*) (*f*). (Ceased 30.4.56).
Miss D. Kent (*b*) (*f*).
Miss D. King (*a*) (*b*) (*f*). (Commenced 1.1.56).
Miss P. King (*b*) (*f*). (Ceased 30.11.56).
Mrs. B. Lindars (*b*) (*f*). (Ceased 31.3.56).
Miss H. Massey (*b*) (*f*).
Mrs. E. Mobey (*a*) (*b*) (*f*).
Miss B. Moss (*b*) (*f*).
Mrs. A. Parkinson (*b*). (Ceased 13.1.56).
Miss D. Priestley (*b*) (*f*). (Commenced 1.9.56).

Miss G. Pugh (*b*) (*f*).
Mrs. R. Quigley (*b*).
Miss H. B. Roberts (*a*) (*b*) (*f*). (Ceased 30.9.56).
Miss K. Thirtle (*a*) (*b*) (*f*). (Ceased 1.8.56).
Miss B. Tipper (*a*) (*b*) (*f*). (Ceased 22.11.56).
Mrs. M. Ward (*a*) (*b*) (*f*). (Ceased 14.6.56).
Miss F. M. Webber (*b*) (*f*). (Ceased 23.2.56).
Miss W. Wilson (*a*) (*b*) (*f*).
Mrs. A. Duff (*b*) (*f*). (Part-time). (Commenced 21.5.56, Ceased 15.7.56).
Mrs. L. Higginson (*b*) (*f*). (Part-time). (Commenced 10.2.56).
Mrs. J. T. Raynor (*d*). (Part-time). (Commenced 12.3.56).
Mrs. P. White (*b*) (*f*). (Part-time). Commenced 10.2.56).
Mrs. C. Barker, Nursing Orderly. (Part-time).
Miss D. Ley, S.E.A.N. (Part-time). (Commenced 7.10.56).

Mother and Baby Hostel:
Mrs. B. Humphries (*a*) (*b*), Matron.
Miss F. Bolton, C.N.N., Deputy Matron.

Nurseries:
Botley Road Day Nursery:
Miss G. M. Nixey, C.N.N., Matron.
Miss E. W. Turrill, C.N.N., Deputy Matron. (Ceased 31.1.56).
Miss G. M. Thomas, C.N.N., Deputy Matron. (Commenced 1.2.56).
2 Nursery Nurses.
3 Nursery Students.

Florence Park Day Nursery:
Mrs. E. Pearce (*a*) (*b*), Matron.
Miss M. G. Harris, C.N.N., Deputy Matron.
2 Nursery Nurses.
3 Nursery Students.

Home Help Service:
Miss W. Ogilvie, Organiser. (Ceased 30.4.56).
Miss P. E. Urban-Smith, Organiser. (Commenced 19.4.56).
Miss H. Creedy, Assistant Organiser. (Ceased 30.4.56).
Miss M. O. Wallis, Assistant Organiser. (Commenced 1.6.56).

Occupational Therapists:
Miss E. M. Targett, M.A.O.T.
Miss L. A. Ogbourn, M.A.O.T.

Almoners:
Miss E. Neville (Blind Welfare). (Part-time).
Mrs. D. Hicks (Tuberculosis). (Part-time).
Miss M. J. Carter (Venereal Diseases). (Part-time). (Ceased 28.7.56).
Miss A. Jackson (Venereal Diseases). (Part-time). (Commenced 23.7.56).

Mental Health:
A. Robertson, Senior Mental Health Officer.
D. A. Purrett, Mental Health Officer.
Miss E. Gilbertson (*a*) (*b*) (*c*), Mental Health Officer.

Occupation Centre:
Miss O. Warburton, Supervisor.
5 Assistant Supervisors.

Welfare Services:

J. C. DAVENPORT, Chief Welfare Services Officer.
J. HADFIELD, Senior Assistant Welfare Services Officer.
J. CLARKE, Assistant Welfare Services Officer.
Miss E. M. REEVES (*a*) (*b*) (*c*) (*g*) Assistant Welfare Services Officer.
Mrs. E. E. DEAN, Home Teacher to the Blind.
E. HILLS, Supervisor, Blind Workshop.
N. BOWLEY, Manager, Retail Shop.

The Laurels:

A. M. STOBIE, B.M., B.Ch., Medical Officer. (Part-time).
Miss E. SAMPSON, M.B.E. (*b*), Matron.
Mrs. L. TEMPLETON (*b*), Deputy Matron.
V. C. FERRIMAN, Senior Male Officer.
Miss M. L. ANNAND SMITH, Chiropodist. (Part-time). (Ceased 31.10.56).
Miss B. SINGLETON, Chiropodist. (Part-time.) (Commenced 1.11.56).

Frilford House:

J. O. W. DICK, M.B., B.Ch., Medical Officer. (Part-time). (Deceased 14.7.56).
J. CHERRY, M.B., B.S. (Lond.), Medical Officer. (Part-time). Commenced 15.7.56).
Miss M. E. JONES (*b*), Matron.
Miss K. A. GURNETT, Senior Assistant.

Barton End:

C. ANDREW, Warden.
Mrs. B. E. ANDREW, Housekeeper.

(*a*) State Certified Midwife.
(*b*) State Registered Nurse.
(*c*) Health Visitor's Certificate, Royal Society of Health.
(*d*) State Registered Fever Nurse.
(*e*) Certificate, British Tuberculosis Association.
(*f*) Queen's Nurse.
(*g*) Sanitary Inspector's Certificate, Sanitary Inspector's Joint Board.

Administrative:

H. G. ANNELY, Chief Administrative Assistant.
T. D. THOMSON, Senior Administrative Assistant.
J. BALDWIN, Senior Clerical Assistant, Welfare Section.
L. W. PEARMAN, Senior Clerical Assistant, Public Health Inspector's Section.
Miss J. R. ROGERS, Medical Officer of Health's Secretary.
Vacant, Chief Public Health Inspector's Secretary.
Mrs. P. M. BETT, Clerical Assistant, Mental Health.
W. J. GIBBS, Clerical Assistant.
Miss H. M. MITCHELL, Clerical Assistant, Maternity, Child Welfare, and Infectious Diseases.
Miss J. W. TAYLOR, Clerical Assistant, District Nurses.
4 Shorthand Typists.
15 Clerks, General Division.
1 Clerk, General Division, Civil Defence.

CLINICS

1. *Antenatal.*

Bury Knowle, Old High Street, Headington.	Friday	9.30 a.m.
East Oxford Centre, Cowley Road.	Tuesday	9.30 a.m.
School Medical Room, 60 St. Aldate's.	Thursday	9.30 a.m.

2. *Child Welfare*

Alexandra Court Clinic, Woodstock Road.	Wednesday	2—4 p.m.
Bury Knowle, Old High Street, Headington.	Tuesday	2—4 p.m.
	Thursday	2—4 p.m.
Church Hall, Main Road, New Marston.	Wednesday	2—4 p.m.
	Thursday	2—4 p.m.
Church Room, Canning Crescent.	Tuesday	2—4 p.m.
Clinic Premises, 14 Church Street, St. Ebbe's.	Monday	2—4 p.m.
	Friday	2—4 p.m.
Community Centre, Barton, Headington.	Wednesday	2—4 p.m.
Community Centre, Rose Hill.	Thursday	2—4 p.m.
Congregational Church Room, Cowley.	Friday	2—4 p.m.
Donnington School, Henley Avenue.	Tuesday	2—4 p.m.
	Wednesday	2—4 p.m.
East Oxford Centre, Cowley Road.	Monday	2—4 p.m.
	Friday	2—4 p.m.
G.F.S. Haigh Hut, 48 Woodstock Road.	Monday	2—4 p.m.
	Friday	2—4 p.m.
Northway Clinic, Marston.	Thursday	2—4 p.m.
Slade Park Clinic, Cowley.	Wednesday	2—4 p.m.
Village Hall, Wolvercote.	Thursday	2—4 p.m.

3. *Immunisation and Vaccination*

School Medical Room, 60 St. Aldate's. (Also on application at Child Welfare Clinics).	Saturday	10 a.m.

4. *Dental*

Alexandra Court Clinic, Woodstock Road. Donnington School, Henley Avenue. East Oxford Centre, Cowley Road. Margaret Road Clinic, Headington. School Medical Room, 60 St. Aldate's.	By appointment.

SECTION II

STATISTICS

SUMMARY

Area of City	8,438 acres
Population (estimated mid-year 1956)	104,500
Number of inhabited houses at 31.3.56	27,120
Rateable value of the City at 31.3.56	£1,052,003
Rateable value of the City when the new valuation lists came into operation on 1.4.56	£2,126,386
Product of a penny rate for 1955/56	£4,186

Total cost of all health services 1955/6:—

	Gross £	*Net* £
Public Health Services	21,170	18,874
National Health Service Act, 1946	151,704	57,705
National Assistance Act, 1948	78,480	53,071
Totals	£251,354	£129,650

	City of Oxford		*England and Wales*
	1956	*Average* **1946–55**	**1956**
Birth rate (per 1000 population) (Recorded)	13.60	15.24	
Birth rate (per 1000 population) (as adjusted by comparability factor 0.96)	13.05		15.7
Illegitimate birth rate (% of total live births)	9.0	6.80	4.6
Stillbirth rate (per 1000 total live and stillbirths	15.93	16.29	23.0
Maternal mortality rate (deaths classed to pregnancy or childbirth) (per 1000 total live and stillbirths)	—	0.53	0.56
Neonatal mortality rate (deaths under 1 month per 1000 live births)	14.07	16.55	16.9
Infant mortality rate (deaths under 1 year per 1000 live births)	19.70	23.79	23.8
Death rate (per 1000 population) (Recorded)	10.33	9.75	

	City of Oxford		England and Wales
		Average	
	1956	1946–55	1956
Death rate (per 1000 population) (as adjusted by comparability factor 0.97)	10.02		11.7
Death rate (per 1000 population) from:—			
(*a*) Diseases of the heart and circulatory system	3.84	3.46	
(*b*) Cancer (all forms)	1.88	1.71	2.07
(*c*) Pneumonia, bronchitis and other diseases of the respiratory tract	0.99	1.00	
(*d*) Tuberculosis (all forms)	0.05	0.25	0.12
(*e*) Violence (including suicides) ..	0.44	0.41	

BIRTHS

Total registered live births:—

Male	1,539
Female	1,495
	3,034
(Illegitimate ..	190)

Of the 3,034 births registered, 1,325 were Oxford residents and 96 births to Oxford residents occurred outside the City, making a total of 1,421 births allocated to the City. Of these 1,293 were legitimate (663 male, 630 female) and 128 were illegitimate (65 male, 63 female).

CLASSIFICATION OF BIRTHS OCCURRING IN THE CITY

(a) According to Notifications

	Residents		Non-residents	
	Live births	Still-births	Live births	Still-births
Notified by domiciliary midwives	434	3	—	—
Notified by independent midwife	1	—	—	—
Notified by Nuffield Maternity Home ..	424	8	1028	52
Notified by Radcliffe Infirmary	—	—	2	—
Notified by Churchill Hospital	447	12	615	13
Notified by Nuffield Orthopaedic Centre ..	—	—	—	1
Notified by Slade Hospital	—	—	1	—
Notified by St. Anne's Nursing Home ..	69	—	41	—
	1375	23	1687	66

(b) According to Place of Birth (Registered Births)

	Residents		Non-residents	
	Live births	Still-births	Live births	Still-births
Born in Nuffield Maternity Home	410	7	1026	52
Born in Churchill Hospital	438	11	610	13
Born in Nuffield Orthopaedic Centre ..	—	—	—	1
Born in Slade Hospital	—	—	1	—
Born in St. Anne's Nursing Home ..	65	—	42	—
Born in Private Houses	432	4	10	—
	1345	22	1689	66

BIRTHS AND DEATHS IN THE CITY, 1913—1956

Year	Population estimated to Middle of each year	Births			Total Deaths Registered in the District		Transferable Deaths		Net deaths belonging to the District			
		Uncorrected No.	Nett				of Non-residents registered in the District	of Residents not registered in the District	Under 1 year		At all ages	
			No.	Rate	No.	Rate			No.	Rate per 1000 Nett Births	No.	Rate
1	2	3	4	5	6	7	8	9	10	11	12	13
1913	53,948		951	17.62	703	13.03	87	22	79	83.07	638	11.82
1914	54,348		911	16.8	755	13.89	133	30	66	72.4	652	11.99
1915	54,478		865	15.79	777	14.19	142	37	62	71.6	672	12.27
1916	55,148		881	15.97	697	12.64	166	78	59	66.9	609	11.04
1917	*59,193 53,104		656	11.08	756	14.23	150	104	57	86.9	710	13.37
1918	*55,472 49,508		700	12.62	987	19.94	204	94	44	62.8	877	17.71
1919	*60,071 57,666		796	13.25	714	12.38	117	89	47	59.0	686	11.98
1920	59,963		1083	18.06	635	10.59	93	69	60	55.4	611	10.19
1921	56,400	957	929	16.47	681	12.07	124	42	34	36.6	598	10.63
1922	56,510	982	902	15.9[illegible]	812	14.37	153	62	54	59.8	721	12.75
1923	56,920	997	876	15.39	699	12.28	157	49	39	44.5	594	10.43
1924	57,260	1052	878	15.30	826	14.42	163	21	46	52.4	685	11.94
1925	57,090	1079	882	15.45	815	14.27	190	50	44	49.88	677	11.85
1926	56,800	1072	852	15.00	813	14.31	194	69	51	59.8	691	12.16
1927	57,050	1079	848	14.86	847	14.84	194	71	40	47.17	743	13.02
1928	60,800	1162	836	13.75	766	12.59	204	73	32	38.27	634	10.44
1929	*70,730 70,590	1265	1017	14.37	1082	15.30	216	52	65	63.91	918	13.00
1930	*74,000 73,810	1380	1159	15.66	966	13.08	211	48	47	40.55	803	10.87
1931	*80,810 80,530	1427	1216	15.04	1005	12.48	195	57	54	44.4	867	10.76
1932	81,260	1397	1114	13.71	1054	12.97	212	49	69	62.94	891	10.96
1933	83,410	1460	1140	13.67	1086	13.02	220	59	37	32.46	925	11.09
1934	85,800	1578	1200	13.98	1104	12.87	280	42	54	45.00	866	10.09
1935	88,200	1748	1344	15.24	1130	12.81	289	52	41	30.51	893	10.12
1936	90,140	1787	1379	15.30	1153	12.79	299	62	62	44.96	916	10.16
1937	92,440	1779	1343	14.53	1193	12.90	297	57	49	36.48	953	10.31
1938	94,090	1867	1438	15.28	1128	12.00	300	44	51	35.47	872	9.27
1939	96,200	1966	1340	14.02	1248	13.97	397	55	31	22.68	906	9.87
1940	96,570	2417	1401	14.51	1608	16.65	484	79	62	40.39	1203	12.45
1941	106,900	3144	1506	14.09	1584	14.82	520	64	57	34.25	1136	10.63
1942	104,600	3124	1612	15.41	1480	14.51	519	59	54	33.5	1020	9.75
1943	103,900	3166	1676	16.13	1510	14.53	482	66	55	32.82	1094	10.53
1944	100,370	3554	1889	18.82	1484	14.78	566	60	46	24.35	978	9.74
1945	98,020	2858	1683	17.17	1509	15.39	510	57	59	35.05	1056	10.77
1946	100,590	2970	1838	18.27	1430	14.21	476	57	60	32.64	1011	10.05
1947	103,210	3195	1895	18.36	1484	14.38	434	64	56	29.55	1114	10.79
1948	105,150	2833	1628	15.48	1328	12.63	461	40	38	23.34	907	8.63
1949	107,100	3022	1643	15.34	1500	14.00	506	77	44	26.78	1071	10.00
1950	108,200	2981	1549	14.32	1504	13.91	520	67	31	20.01	1051	9.71
1951	106,400	2956	1543	14.50	1608	15.11	579	83	29	18.79	1112	10.45
1952	107,100	2927	1557	14.55	1536	14.35	635	56	37	23.76	957	8.93
1953	107,000	2861	1569	14.66	1573	14.70	499	35	32	20.40	1109	10.36
1954	106,900	2748	1458	13.64	1584	14.82	637	33	34	23.32	980	9.17
1955	105,500	2832	1412	13.38	1674	15.87	709	37	28	19.83	1002	9.50
1956	104,500	3034	1421	13.60	1727	16.53	681	34	28	19.70	1080	10.33

* Population birth rate. City Extended 1st April, 1929.

The rates for 1939, 1940 and 1941 are based on figures of births supplied by the Registrar General which are adjusted to allow for evacuation population.

CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE IN THE CITY OF OXFORD DURING 1956

(Table of Registrar General)

	CAUSES OF DEATH	All Ages	0–	5–	15–	25–	45–	65–	75–
	ALL CAUSES	1080	28	7	11	28	241	274	491
1	Tuberculosis, respiratory ..	5	—	—	—	1	2	1	1
2	Tuberculosis, other	—	—	—	—	—	—	—	—
3	Syphilitic disease	3	—	—	—	—	—	2	1
4	Diphtheria	—	—	—	—	—	—	—	—
5	Whooping Cough	—	—	—	—	—	—	—	—
6	Meningococcal infections	—	—	—	—	—	—	—	—
7	Acute poliomyelitis	—	—	—	—	—	—	—	—
8	Measles	—	—	—	—	—	—	—	—
9	Other infective and parasitic diseases	3	—	1	—	1	1	—	—
10	Malignant neoplasm, stomach ..	32	—	—	—	2	12	6	12
11	Malignant neoplasm, lung, bronchus	39	—	—	—	—	26	11	2
12	Malignant neoplasm, breast ..	18	—	—	—	1	7	4	6
13	Malignant neoplasm, uterus ..	11	—	—	—	1	4	4	2
14	Other malignant and lymphatic neoplasms	97	1	1	1	4	33	35	22
15	Leukaemia aleukaemia	5	—	1	—	—	1	1	2
16	Diabetes	9	—	—	—	1	2	4	2
17	Vascular lesions of nervous system	178	—	—	—	3	25	42	108
18	Coronary disease, angina ..	199	—	—	—	2	54	65	78
19	Hypertension with heart disease ..	32	—	—	—	—	4	9	19
20	Other heart disease	116	—	—	—	2	13	22	79
21	Other circulatory disease ..	55	—	—	—	1	8	7	39
22	Influenza	6	—	—	—	—	2	2	2
23	Pneumonia	43	5	—	—	—	3	14	21
24	Bronchitis	53	—	—	—	2	14	10	27
25	Other diseases of respiratory system	8	—	—	—	1	1	—	6
26	Ulcer of stomach and duodenum ..	9	—	—	—	—	—	5	4
27	Gastritis, enteritis and diarrhoea ..	5	—	—	—	—	2	—	3
28	Nephritis and nephrosis	10	—	—	—	1	2	2	5
29	Hyperplasia of prostate	11	—	—	—	—	—	3	8
30	Pregnancy, childbirth, abortion ..	—	—	—	—	—	—	—	—
31	Congenital malformations ..	6	6	—	—	—	—	—	—
32	Other defined and ill-defined diseases	81	15	3	—	2	14	18	29
33	Motor vehicle accidents	18	—	1	8	1	5	2	1
34	All other accidents	17	—	—	2	—	2	2	11
35	Suicide	10	—	—	—	2	4	3	1
36	Homicide and operations of war ..	1	1	—	—	—	—	—	—

The deaths of Oxford residents registered away from Oxford are included in, and the deaths of non-residents registered in Oxford are excluded from the Oxford net deaths.

CLASSIFICATION OF CAUSES OF DEATH

The preceding table gives a short analysis of the causes of death and the ages at which they occurred. Of the total of 1,080 deaths, 508 were male and 572 female. The death rate of 10.33 (recorded) is little higher than last year.

There were 5 deaths from tuberculosis of the respiratory system, this is the lowest figure ever recorded.

Cancer deaths number 197 (all sites), this is slightly higher than last year. There were 39 deaths from cancer of the lung and bronchus, an increase of 6 over the 1955 figure.

Deaths from pneumonia remain the same as for last year but there was an increase in the number of deaths from bronchitis.

No maternal death occurred during the year, and there were no deaths from diphtheria, measles, whooping cough, scarlet fever or poliomyelitis.

There were no deaths within the age group 1—4 years.

Residents who died in Institutions in Oxford

	1956
United Oxford Hospitals Group	448
Oxford Regional Hospital Board Group	13
Nursing Homes	15
Old People's Homes (Local Health Authority)	17
Old People's Homes (Private)	19
	*512

* = 30.23% of total deaths

Residents who died away from Oxford

	1956
Oxford Regional Hospital Board Group	1
Other Institutions and Nursing Homes	14
Private Houses	15
Accidents, etc.	4
	34

Non-Residents who Died in Oxford

	1956
United Oxford Hospitals Group	580
Oxford Regional Hospital Board Group*	8
Other Institutions and Nursing Homes	20
Private Houses	15
Accidents, etc.	58
	681

DEATHS FROM TUBERCULOSIS

Years 1936—1956

	Pulmonary							Non-Pulmonary						
	0–	1–	5–	15–	45–	65–	Total	0–	1–	5–	15–	45–	65-	Total
1936	—	—	—	23	18	3	44	1	2	2	2	1	—	8
1937	—	—	—	29	23	1	53	—	4	1	4	1	1	11
1938	—	—	—	26	17	4	47	1	2	1	5	—	—	9
1939	—	1	1	24	13	3	42	—	2	3	3	—	—	8
1940	—	—	—	36	10	—	46	1	2	—	4	1	—	8
1941	1	—	—	27	17	3	48	—	3	—	5	—	1	9
1942	1	1	2	24	27	3	58	1	—	1	4	1	1	8
1943	1	—	—	22	14	7	44	—	1	1	6	—	1	9
1944	1	1	—	25	9	4	40	—	1	2	2	2	—	7
1945	1	—	—	22	9	5	37	—	—	—	4	2	—	6
1946	—	—	—	16	10	2	28	1	3	1	4	3	1	13
1947	—	—	1	25	10	3	39	—	—	—	3	2	—	5
1948	—	—	—	24	8	4	36	—	—	1	1	3	1	6
1949	—	—	—	11	4	9	24	—	1	—	2	—	1	4
1950	—	—	1	7	9	6	23	—	—	1	1	3	—	5
1951	—	—	—	3	14	7	24	—	1	—	2	1	1	5
1952	—	—	1	4	6	—	11	—	1	—	1	1	1	4
1953	—	—	—	5	8	7	20	—	—	—	1	1	—	2
1954	—	—	—	3	—	4	7	—	—	—	1	—	—	1
1955	—	—	—	2	3	5	10	—	—	—	1	1	—	2
1956	—	—	—	1	2	2	5	—	—	—	—	—	—	—

The following table shows the deaths from cancer under various headings for the last twelve years:—

	1945	1946	1947	1948	1949	1950	1951	1952	1953	1954	1955	1956
*Buccal cavity and oesophagus (male)	6	6	6	3	4	—	—	—	—	—	—	—
Uterus (female)	13	14	16	8	12	12	5	7	9	6	5	11
Stomach and duodenum—												
Male ..	7	12	14	14	18	—	—	—	—	—	—	—
Female ..	11	6	23	10	16	—	—	—	—	—	—	—
*Stomach—												
Male ..	—	—	—	—	—	12	12	19	22	11	14	15
Female ..	—	—	—	—	—	11	13	9	8	15	15	17
*Lung, bronchus—												
Male ..	—	—	—	—	—	35	37	36	29	33	28	31
Female ..	—	—	—	—	—	5	7	3	5	1	5	8
Breast	26	20	18	13	18	22	19	21	23	16	9	18
All other sites—												
Male ..	57	55	54	57	58	55	72	42	46	47	62	48
Female ..	53	48	51	43	46	40	46	48	49	43	56	49
Totals ..	173	161	182	148	172	192	211	185	191	172	194	197

* (Classification of sites amended from 1950).

Age and sex distribution of Cancer deaths

	All Ages	0–	5–	15–	25–	45–	65–	75–
Male	94	1	1	—	4	39	33	16
Female	103	—	—	1	4	43	27	28
Total ..	197	1	1	1	8	82	60	44

Analysis of deaths from cancer according to the site of the disease:—

	MALE							FEMALE						
	0–	5–	15–	25–	45–	65–	75–	0–	5–	15–	25–	45–	65–	75–
Stomach ..	—	—	—	1	6	4	4	—	—	—	1	6	2	8
Lung, bronchus	—	—	—	—	22	8	1	—	—	—	—	4	3	1
Breast ..	—	—	—	—	—	—	—	—	—	—	1	7	4	6
Uterus ..	—	—	—	—	—	—	—	—	—	—	1	4	4	2
All other sites	1	1	—	3	11	21	11	—	—	1	1	22	14	11
Total ..	1	1	—	4	39	33	16	—	—	1	4	43	27	28

SECTION III

GENERAL HEALTH SERVICES

(a) AMBULANCE SERVICE

1. Administration

The appointment of one additional control room officer was authorized during the year as well as the upgrading of a post to that of senior control room officer. The staff at the end of the year was as follows:—

Controller

Deputy Controller

2 Clerical Assistants

1 Senior Control Room Officer

4 Control Room Officers.

The calls on the service increased again over the previous year by approximately 3,500 patients, and the mileage increased by approximately 8,500 miles.

The number of stretcher cases decreased for the third year running by 1,000 patients, while the number of sitting cases increased by approximately 4,500. Approximately two-thirds of the patients carried are sitting cases, and the transport of patients to outpatient clinics is the major part of the work of the Ambulance Service.

2. Mode of Transport

Long distance cases continue to be transported by train if approved by the patient's doctor, and the number dealt with each year in this way has remained very constant.

3. Vehicles

An additional sitting-case vehicle (utilecon type) was purchased during the year and the fleet, which consists entirely of Bedford vehicles, has given good service.

4. Staff

The two women drivers appointed in 1955 have been found to be of inestimable value as driver/attendants on the sitting-case vehicles, as well as acting as escorts of female patients travelling long distances by train.

5. Ambulance Depot

The new Ambulance Depot came into operation in February. The greatly improved accommodation for both vehicles and staff has been much appreciated, and has led to greater efficiency of the service. A plan of the new depot is given and the following is a brief description of the accommodation provided.

Administration Block: This portion, built of brick, contains the essential accommodation needed for the day to day administration of the service. In addition to the Control Room, separate office accommodation is provided for the Controller, Deputy Controller and the Clerical Assistants. There is a drivers' rest room with bath and showers, including a separate suite of rooms for females. A locker room; dining room and kitchen, and recreation room complete this Block.

Workshop: There is a complete Tecalamite battery with hydraulic lift; a separate store room, and a battery charging room.

Washbay: For two vehicles.

Garage: This building is of brick with an asbestos roof and provides accommodation for 40 vehicles.

Ambulance Controller's House: Adjoins the depot.

The heating in the administration block and workshop is by an oil-fired boiler. There is no space heating in the garage, so that it is necessary for all vehicles to be fitted with an electric engine heater which is connected to a fitment in the garage during the night in the winter months.

Accommodation for 16 vehicles in the garage has been rented to the Oxford Regional Hospital Board for Blood Transfusion vehicles.

All repairs to ambulance vehicles, with the exception of body repairs and painting, are undertaken at the depot by the staff of two mechanics. Under this new arrangement, it has been found that the loss of idle time of the vehicles has been greatly reduced as compared with the previous arrangement of taking vehicles for major repairs to the central transport repair depot.

6. Activities

Table 1 gives details of the work undertaken by the Ambulance Service during 1956, whilst Table 2 gives an indication of the increased use of the service since 5th July, 1948.

The scheme for the provision of emergency supplies of oxygen has continued during the year.

The central enquiry bureau established in 1955 for the benefit of doctors and their patients was continued during the year. A number of doctors took advantage of it, particularly during holiday periods.

View of the Ambulance Depot

FUEL
LAVATORIES
STAFF ROOMS
CANTEEN
KITCHN
DUTY ROOM
ST
BOILER
STORES
OFFICES
ADMINISTRATION WING
IN
WORKSHOP
ENTRANCE YARD
WASHING BAY
STORES
MAIN GARAGE
CHURCHILL DRIVE
OUT
N

CITY OF OXFORD :~
AMBULANCE DEPOT.
CHURCHILL DRIVE.

E.G. CHANDLER
A·R·I·B·A M·T·P·I
CITY ARCHITECT
TOWN HALL
OXFORD ~

TABLE

1956	Ambulances		Sitting-Case Cars (Utilecons)		Totals		Train Journeys
	No. of cases removed	Mileage	No. of cases removed	Mileage	No. of cases removed	Mileage	No. of cases removed
January	1,469	10,223	3,092	15,876	4,561	26,099	15
February	1,414	9,656	2,804	15,058	4,218	24,714	16
March	1,322	9,064	2,946	16,688	4,268	25,752	15
April	1,240	8,093	2,706	14,152	3,946	22,245	17
May	1,452	10,281	3,123	17,145	4,575	27,426	14
June	1,470	10,045	3,098	16,282	4,568	26,327	26
July	1,561	10,473	2,786	14,985	4,347	25,458	27
August	1,656	10,678	2,629	14,205	4,285	24,883	24
September	1,549	10,388	2,740	14,231	4,289	24,619	21
October	1,685	11,057	3,446	15,127	5,131	26,184	17
November	1,612	9,994	3,323	15,462	4,935	25,456	22
December	1,278	8,724	2,499	13,610	3,777	22,334	20
	17,708	118,676	35,192	182,821	52,900	301,497	234

TABLE 2

Year	Patients	Mileage	Train Journeys
1948 (6 months)	13,783	153,425½	—
1949	29,878	357,058½	—
1950	31,963	322,944½	133
1951	41,549	319,877½	217
1952	44,494	317,268½	230
1953	45,883	297,317	246
1954	47,774	282,380	248
1955	49,238	292,838	229 (rail strike in June)
1956	52,900	301,497	234

7. Emergency Calls

During the year, 1,931 emergency journeys (1,992 in 1955) were undertaken in the City, as follows:—

(*a*)	Central (within the area Magdalen Bridge, Folly Bridge, the Station and St. Giles')	334
(*b*)	North of St. Giles'	220
(*c*)	South of Folly Bridge	131
(*d*)	West of Station	124
(*e*)	East of Magdalen Bridge	1,122

These figures reveal that 58.1% of the calls were received from east of Magdalen Bridge.

8. General

The service has continued to run smoothly during the year and no abuse of the use of transport has been detected. In my report for 1955, it was mentioned that the increasing demands for transport from Cowley Road Hospital were not being met satisfactorily. During the year, an additional sitting-case vehicle (utilecon type) was purchased and was put into operation exclusively for the transport of patients to Cowley Road Hospital. The position is now satisfactory.

(b) LABORATORY SERVICE

Bacteriological examinations

Examination of swabs and other specimens from cases of infectious diseases, and from contacts and suspected carriers, have been carried out by the staff of the Public Health Laboratory, Walton Street, Oxford, from whom every help has been received.

Analytical examinations

Messrs. Thomas McLachlan and Partners, Analytical Chemists, have continued as Public Analysts to the City. Their main laboratory is at London, but they have a smaller laboratory at Reading, where many of the routine samples are tested.

(c) HEALTH VISITING

1. Staff

The establishment consists of a superintendent health visitor, two full-time tuberculosis visitors and sixteen general health visitors who also act as school nurses. The superintendent receives a car allowance on the essential user basis, and both the tuberculosis visitors and three of the general health visitors receive allowances on the casual user basis. The rest of the staff have bicycle allowances. Student health visitors are not included in the establishment during the two years of their contract.

During 1956 the staffing position has been very satisfactory. When there has been temporary shortage we have been fortunate in being able to call on a former member of the staff, now married, for part-time help.

2. Home visits paid by health visitors during the year

The following table shows the visits paid during the year, and includes figures for the three previous years for comparison:—

	1953	1954	1955	1956
To expectant mothers	275	299	736	789
To children under 1 year	11,523	12,960	11,229	12,241
To children between 1 and 2 years ..	5,009	5,786	4,791	4,744
To children between 2 and 5 years ..	7,596	9,113	7,428	7,685
To tuberculous households	74	63	39	52
Other cases	829	1,578	1,161	2,418
	25,306	29,799	25,384	27,929
Total number of visits to children under 5 years	24,128 (i.e. 95% of the total visits)	27,859 (i.e. 93% of the total visits)	23,448 (i.e. 92% of the total visits)	24,670 (i.e. 88% of the total visits)
Total number of households visited	19,393	23,642	20,021	22,317

Comments on these figures—

(i) All the visits were "effective visits". The total number of "no access" visits for 1956 was 4,158; these were not classified.

(ii) Visits to tuberculous patients by the tuberculosis visitors are recorded in Section IV (*c*) of this report.

(iii) Work carried out as school nurses is described in the report of the Principal School Medical Officer.

(iv) The arrangement whereby mothers booked for hospital delivery are visited by a health visitor during pregnancy (in operation since April 1955) has continued and is of great value.

(v) "Other cases" comprise all visits not included in one of the other categories. They include visits to old people, visits in connection with infectious diseases, and visits paid at the request of hospitals and general practitioners. It will be noticed that the total number of such visits, as well as their proportion in relation to total visits, have increased in 1956. This was largely due to the numerous visits paid in connection with Sonne dysentery in the first half of the year.

3. Experiment in combined duties

The second nurse to hold the experimental post of combined district nurse, health visitor and school nurse in South Oxford held office from June 1955 till July 1956. During this time various snags showed themselves. In the winter months the general nursing work became very heavy, so that some health visiting had perforce to be left undone. It was also found that school medical inspections took up a lot of time, so that the other work suffered during this period. Attempts to solve these problems were made by giving relief on the home nursing side, notably by the provision of an assistant nurse to carry out blanket baths. Nevertheless the nurse, although she found many desirable features in the experiment, decided at the end of a year that she would prefer to return to district nursing in a whole-time capacity.

After a second hiatus (from July to December 1956) a third appointment was made. At the time of writing all is going well, but no special stresses have arisen.

Experience up to date of this experimental post suggests the following tentative conclusions:—

(i) The efficient conduct of both types of work demands exceptional qualities in the nurse concerned.

(ii) At the present time there seem to be very few nurses interested in this particular combination of work.

(iii) The balance of the work can be upset very readily by unusual demands either in home nursing or health visiting. Relief must therefore be available when this occurs.

(iv) The provision of an assistant nurse, to work under the supervision of the combined worker, is of great value.

(v) The optimum population for a combined post of this type is still to be determined.

(vi) The use of a car is essential for the work.

4. Experimental attachment of a health visitor to a general practice

In last year's report it was mentioned that one of the health visitors began, in November 1955, to attend a regular weekly session which two general practitioners held in their surgery for the babies and young children

in their practice. This arrangement continued to flourish and it led to a request from the general practitioners (now a partnership of three) for the same health visitor to be attached full-time to their practice of about 6,000 patients. As these patients are scattered over a considerable area of the city it was recognized that this important experiment could not be carried out unless the health visitor could use a car. The project was put to the city Council and an additional car allowance (on a casual user basis) was granted for this specific purpose for an experimental period of a year. The experiment began on November 19th, 1956. The health visitor has her headquarters at the doctors' surgery and keeps all her records there. She works full-time for the patients in the practice except for one weekly session which she continues to attend at the asthma clinic in the paediatric department at the Radcliffe. Contact is maintained with the health department by telephone and personal visits. The health visitor's work includes all the routine duties in connection with mothers and children; in addition she is able to give the doctors increasing help in medico-social problems in any age-group. She finds that for this purpose her nursing training and experience are invaluable, because there is always a sick person involved.

When the experiment was reviewed after four months all the doctors and the health visitor expressed the view that the arrangement was of great value to everyone concerned. Only two snags came to light. The chief of these was the fact that part of the practice lies outside the City boundary and it was therefore outside the health visitor's province. A lesser snag was that the school children of the practice are scattered among a considerable number of schools. It is thus difficult to see any way in which the doctors and nurse can jointly carry out the routine medical and hygiene inspections of these children.

5. Work at child welfare clinics

One or more health visitors were present at all the 978 sessions of the child welfare clinics held during the year.

Further experiments were made in the "decentralisation" of some of the health visitors. One of them has had her headquarters at the Northway clinic ever since the premises were first used as a branch surgery for five general practitioners in 1955. She was joined by her colleague working in the adjoining Marston area in September 1956. In August Bury Knowle clinic became the headquarters of the health visitor for Headington and in September the Alexandra Court clinic was similarly used by the Summertown and Wolvercote health visitor. All these three premises are City property, they are comfortable to work in and they are on the telephone. The arrangement has the advantage that the health visitor is based on her district and has therefore less travelling to do; also she can do her clerical work in greater peace and privacy than is possible in the overcrowded quarters in the health department. It is necessary for her to make daily contact with the latter by telephone and occasionally in person. The

disadvantage of the arrangement is that her records are less easily accessible centrally if needed quickly; it might also be argued that the reduced personal contact with her colleagues is a disadvantage.

6. Breast feeding

The superintendent health visitor continued to keep records (extracted from the health visitors' cards) of the incidence of breast feeding.

Of the babies born in Oxford from July 1955 to June 1956 and still here when they were six months old (1010 babies) the proportion on different types of feeding was as follows:—

At about two months:—		
Entirely breast	40%	47%
Breast and bottle	7%	
Entirely bottle	53%	
At about five months:—		
Entirely breast	28%	31%
Breast and bottle	3%	
Entirely bottle	69%	

These are disappointing figures, particularly as the proportion of babies entirely breast fed both at 2 months and 5 months was 8% lower than the average of the previous four years. It will not be possible to keep records in this way in future, because the decentralisation of the records of several health visitors complicates the matter too much. Despite the low incidence of breast feeding every effort is still made to encourage mothers to persevere. When difficulties occur frequent visits are paid by health visitors, and if it seems advisable test-feeding scales are loaned for use in the home. This occurred on 189 occasions in 1956.

7. Co-operation with hospitals

Co-operation with the maternity departments, the paediatric department, the diabetic clinic and the venereal diseases clinic has continued very satisfactorily on exactly the same lines as were described in the report for 1954 and 1955.

8. Co-operation with general practitioners

This has also continued along the same lines as before.

9. The assisted training scheme for health visitors

The four students who began the course in September 1955 all obtained their Health Visitors' Certificate in April 1956.

10. Refresher courses

One health visitor attended, as her refresher course, the Summer School run by the Royal College of Nursing in Edinburgh.

(d) HOME HELPS

1. Cases Helped

(*a*) *Classification of cases helped* in the last four years:—

Cases	1953	1954	1955	1956
Home confinements	100	112	73	58
Other maternity cases	67	40	52	41
Acute illness	243	214	181	205
Chronic sick	75	59	75	85
Tuberculosis	25	21	20	16
Aged(over 75 years)	158	181	158	161
Totals	668	627	559	566
Cases refused owing to pressure of work ..	52	39	57	17

The decrease in maternity and tuberculosis cases continues, and it is satisfactory to record a marked reduction in the applications which have had to be refused.

(*b*) *Patients receiving continuous help throughout the year* during the past four years were as follows:—

1953	95 cases
1954	117 cases
1955	125 cases
1956	89 cases

(*c*) *Continuous daily help throughout the year* was provided for 7 cases. In each of these some additional help was available from friends and family. The table on page 36 shows the cost both in time and money of these cases. Though the total net cost was considerable, it was £543 11*s*. 2*d*. less than the cost for continuous daily help supplied throughout the year to 10 patients in 1955.

2. Finance

The full cost per hour remains at 3/6.

(*a*) *Cost of the service.*

	1952-3	1953-4	1954-5	1955-6
Total cost	£16,021	£14,394	£14,667	£16,080
Receipts	1,778	1,371	1,508	1,565
Net cost ..	£14,243	£13,023	£13,159	£14,515

(*b*) Income from the National Assistance Board for 1956 amounted to £42 4*s*. 0*d*.

(*c*) *Wages* remain at 2/10$\frac{1}{8}$ per hour, but the travelling allowance was increased in December from 2/6 to 3/6 per week.

3. New assessment scale

(*a*) A revised and simplified assessment scale came into operation on April 1st, 1956. This became necessary because the previous scale

	Age	Weekly help	Annual help	Weekly payment	Annual payment	Annual cost (Wages and trav. allow.)	Annual net cost (excluding administration)
Paraplegia and diabetes	51	15 hrs.	780 hrs.	3 mths. 18/1 3 mths. 20/- 6 mths. free	24 14 0	117 4 4	92 10 4
Disseminated sclerosis	49	18 hrs.	936 hrs.	7/6	19 10 0	139 10 8	120 0 8
Parkinson's disease	46	20 hrs.	1040 hrs.	3 mths. 16/6 9 mths. 25/-	59 9 6	155 5 4	95 15 10
Parkinson's disease	66	22 hrs.	1131 hrs.	8/9	24 9 8	169 0 0	144 10 4
Cerebral haemorrhage and children ..	55	20 hrs.	1040 hrs.	3 mths. 12/6 9 mths. 15/-	33 17 6	154 5 4	120 7 10
Bedridden cardiac; living alone ..	74	27 hrs.	1404 hrs.	free	—	206 1 0	206 1 0
Poliomyelitis and children	39	24 hrs.	1248 hrs.	3 mths. 3/6 9 mths. 6/-	13 19 6	183 19 0	169 19 6
					£176 0 2	£1125 5 8	£949 5 6

(in operation since 1949) had, after many amendments, become extremely complicated.

The new scale introduced a better method of estimating family income and expenditure, and an hourly rate of payment instead of the previous block system. Its details are as follows:—

Scale of assessment (*hourly rate*)

Net income of householder (i.e. gross income less income tax, state insurance contribution and superannuation contributions, plus old age pensions)

plus (*a*) Family allowances.

(*b*) 15/- for each earning member of the family.

(*c*) The following proportion of income from lettings:—

(i) Unfurnished—half receipts.

(ii) Furnished with board—one-third receipts.

less A. *Personal allowances*

(i) For householder and wife, each person	£2	0 0
(ii) For each dependent child	£1	5 0

(The personal allowance for a child will only be given if any child is under 18 or still receiving full-time education)

B. *Expenses*

(i) The actual amount paid for the following, subject to the maximum stated:—

(*a*) rent and rates for unfurnished accommodation	£1	12 6
(*b*) rent and rates for furnished accommodation	£3	3 0
(ii) Mortgage repayments and rates ..	£2	10 0

(iii) Exceptional expenditure at the discretion of the assessing officer.

Hourly charge—The balance divided by 41.

Notes: (*a*) Maternity benefit under the National Insurance Acts is ignored.

(*b*) The following minimum charges to apply, except for free cases:—

(i) per hour	3*d*.
(ii) per case per week	1/-

(*b*) During April 1956, 141 cases were reviewed and the results were as follows:—

Assessment revision—March—April 1956.

Total number of current cases reviewed during March in

preparation for application of new assessment scale from 1.4.56		141
National Assistance Board cases—		
Free—no change	26	
Free—formerly assessed	13	
Assessed formerly free	5	
Assessed throughout	11	
National assistance ceased	6	
	61	
Others—		
Free—no change	39	
Free—now 4*d*. per hour	5	
Payment increased	34	
Payment decreased	2	
	80	

(*c*) During 1956 only 3 new cases in addition to 6 current cases were granted a reduction of the assessed rate by the Committee, as against 20 cases during the previous year. This would seem to indicate that the revised scale was working more fairly and will prove to be satisfactory.

In view of the fact that two scales have been in operation during the year, no statement can be made showing classification for payment.

4. National Assistance Board—change of policy

From April 1953 to April 1956 the National Assistance Board accepted responsibility for the contribution required from recipients of national assistance. (This ceased in respect of those receiving blind pension in September 1955). The arrangement ensured that the extra allowance made for the purpose of obtaining home help was in fact used for this purpose. By this means a great saving of staff time was made both in the Health and Treasurer's Departments. It has also been of considerable assistance to the National Assistance Board and, of course, less worry to the patient.

In April 1956 the auditors of the National Assistance Board ruled that this simple arrangement was illegal, and that in future all recipients of home help would be assessed in the normal way. If liable for part payment, an account would be sent direct to them from the City Treasury. An allowance to meet the cost of home help would be made by the National Assistance Board when considered necessary.

After eight months it appears that this arrangement is satisfactory, providing the recipient of home help has a sense of responsibility and keeps sufficient money to meet the monthly account. Failing this, there is no apparent means of enforcing payment in a case of this kind, as it is un-

likely legal proceedings would be resorted to and therefore the case becomes one for consideration of a write-off by the Committee concerned.

5. Staff

Staff employed at the end of each of the last five years was as follows:

	1952	1953	1954	1955	1956
Full-time—42 hours	22	7	7	6	5
Part-time—27, 24 and (permanent) 20 hours	54	59	62	65	63
Part-time (temporarily recruited for special cases)	6	3	2	1	5
Totals	82	69	71	72	73

During the year 7 home helps were available for work with tuberculous patients, but the decrease in the number of such cases has meant that their specialised services have not all been required at one time.

No difficulty has been experienced in maintaining the existing number of home helps for normal part-time work but there is a need now to recruit a small number of home helps who could be engaged to work on full-time duties in a household where the mother is away from home or incapacitated on account of illness. It is not considered that any member of the existing staff is suitable for this work.

Since last year more home helps have been recruited for the North Oxford area, and as a result no case was refused during the last three months. Of the 6 new home helps recruited for this district, 4 live east of Magdalen Bridge.

It is interesting to note that out of the total number of 73 home helps, one has served for over ten years, six for over eight years and twenty-four for over five. These women have gained much valuable practical experience in the care of the aged in their homes, and have brought comfort and help to many people in the City.

(e) DISTRICT NURSING

1. General arrangements for the service

Direct administration of the service by the City Council has worked very smoothly during the year and it can now be said that the district nursing service is thoroughly integrated within the Health Department. The Council is a member of the Queen's Institute of District Nursing and aims at staffing the service, as far as possible, with Queen's nurses and Queen's student nurses.

The service is based on one central and two branch homes, but nurses may be non-resident if they prefer it.

A full inspection by one of the Queen's Visitors took place in October and a very satisfactory report was received from her.

2. Staff

The establishment consists of superintendent, assistant superintendent and 20 nurses. A student in training counts as two-thirds of a nurse. There are four cars owned by the City Council and allowances are given for the superintendent (as an essential user) and five other nurses (as casual users) for the use of their own vehicles. The rest of the staff use bicycles.

Staff has fluctuated during the year, as must always happen with students coming and going, but there has never been a serious shortage.

At the end of the year the position was as follows:—

Superintendent	1	
Assistant superintendent	1	
Home nurses:—		
Queen's nurses:—		
Resident full-time	8	Equivalent to $17\frac{1}{3}$ full-time nurses
Non-resident full-time	3	
Resident part-time	*1	
Non-resident part-time	1	
Queen's student nurses:—		
Resident	2	
State registered nurses:—		
Non-resident full-time	1	
Non-resident part-time (ex Queen's)	1	
State registered fever nurse:—		
Non-resident part-time	1	
State enrolled assistant nurse:—		
Non-resident part-time	1	
Nursing orderly:—		
Non-resident part-time	1	

* Holding the experimental combined post described in the section on Health Visiting.

3. Cases nursed during the year

The following table shows the source of new patients during the year:

General practitioners	2,345
Hospitals	72
Direct application	113
Other sources	5
	2,535

The number of cases and visits in different categories and ages is shown in the following table:—

	Number of cases attended during year				Number of visits paid during year			
	Under 5 at 1st visit	Over 65 at 1st visit	All other ages at 1st visit	Total cases	Under 5 at 1st visit	Over 65 at 1st visit	All other ages at 1st visit	Total visits
Medical	81	1,199	1,177	2,457	494	34,065	13,624	48,183
Surgical	26	135	175	336	224	4,596	3,891	8,711
Infectious diseases	—	2	1	3	—	14	12	26
Tuberculosis ..	—	10	83	93	—	405	3,715	4,120
Maternal complications	—	—	28	28	—	—	236	236
	107	1,346	1,464	2,917	718	39,080	21,478	61,276

Patients (included in the above table) who have received more than 24 visits during the year:—

Patients	*Visits*
561	42,042

Comments on these figures

New cases nursed during the year show a reduction of 666 compared with 1955, and the total visits paid a reduction of 6,395. It should be noted, however, that 1956 was the first complete year of direct administration of the service. The transfer in July 1955 involved a change in the method of record-keeping, so it is doubtful whether the figures for the two years are strictly comparable.

The detailed table of the visits (set out, for the first time, according to the requirements of the annual return to the Ministry) shows the following features:—

(*a*) Children under 5 years provide very little work. Only 718 visits were paid to 107 patients in this category during the year. It thus seems unnecessary to contemplate any specialized service for this age-group.

(*b*) Visits to tuberculous patients fell by nearly 2,000 as compared with 1955.

(*c*) Visits to patients over 65 years of age accounted for 39,080 out of a total of 61,276 visits—i.e. approaching two-thirds.

4. Types of treatment given

A generally accepted classification of treatments is still awaited. Meanwhile we have devised our own method, which was in operation throughout 1956 for the first time. As one patient may receive two or more types of treatment, the total is naturally in excess of the visits paid. Comparisons with previous years are not possible, but it appears that the number of insulin injections remains fairly constant, while injections of streptomycin are about 1,000 fewer than in 1955. The following table shows the treatments given in 1956:—

Injections:—	
(1) Insulin	7,430
(2) Streptomycin	4,666
(3) Penicillin	11,488
(4) Any other injections	9,225
Blanket baths	5,744
Enemas	498
Dressings	8,983
Changing of pessaries	141
Washouts, douches, catheterizations, etc.	752
General nursing care	16,999
Attendance at minor operations	9
Any other treatment	393
	66,328

5. Training school

Two courses of training for the Queen's Roll were held during the year. At various other times, when there were insufficient students to justify a lecture course in Oxford, three students went to Reading for lectures. The students were of very good calibre—all of them passing the examination at their first attempt (one with a credit in both the theoretical and practical work, and four with a credit in the practical work). The twelve students who took the examination were classified as follows:—

Staff students (under contract to work for the City for a year after the examination)	4
Students sent by other local health authorities	7
Independent student	1
	12

6. Refresher courses

The assistant superintendent went to a study day organized by the Royal College of Nursing in London. Two nurses went to York and one to Cambridge for a week's refresher course run by the Queen's Institute. The superintendent went to the annual general meeting of the Institute in London and both administrative officers went to the annual conference of training-home superintendents. Close and valuable contact with the Institute has thus been maintained.

7. Dermatitis among district nurses

For the fourth successive year no new cases of sensitivity to antibiotics occurred; thus there have been no new cases since protective measures were put into operation in 1952. But four nurses who were sensitized before that time, or were sensitized before joining the staff, find it necessary to limit the number of antibiotic injections they give. Another nurse, sensitized before the risk was appreciated, and left with a chronic dermatitis, cannot handle antibiotics at all. These limitations complicate the organisation of the work at times.

8. Loan of nursing equipment

The central nurses' home and the two branch homes continued to keep a small stock of nursing equipment to lend to patients.

In addition the medical loan department of the British Red Cross Society has provided an extensive service. In the financial year 1956-57 the City Council again paid the Society a grant of £100, together with £50 for the renewal of equipment. Details of equipment loaned in the City during 1956 are as follows:—

Article	*Total*	*Article*	*Total*
Air rings	159	Carried forward ..	689
Air beds	13	Feeding cups	14
Baby scales	2	Hot water bottles	2
Balkan beam	1	Invalid bells	3
Bed blocks	20	Pot	2
Bed cradles	41	Sputum cups	2
Bed pans	175	Steam kettle	2
Bed pans (rubber) ..	31	Stair chair	1
Bed rests	143	Sticks	7
Bed tables	8	Urinals	70
Carrying chairs	6	Walking aid	1
Commodes (chair)	16	Waterproof sheets ..	179
Commodes	53	Wheel chairs	131
Crutches	18		
Elbow crutches	2		
Electric pad	1		
			1103
Carried forward ..	689		

The total loans to City patients were 282 more than in 1955.

(f) NURSING HOMES AND AGENCIES

The following Nursing Homes were on the register at 31st December, 1956:

	Maternity Beds	*Other Beds*
Acland Home, Banbury Road..	—	44
Castle Nursing Home, 7 Davenant Road ..	—	3
Restholme, 230 Woodstock Road	—	7
St. Anne's Nursing Home, Ambleside Drive..	7	—
St. John's Home, St. Mary's Road	—	60
	7	114

A total of 15 inspections were made by members of the staff to registered premises.

The only registration as an agency for the supply of nurses (namely that by the Acland Home) was cancelled during the year.

(g) CONVALESCENCE

During 1956 recuperative holidays were arranged for 24 patients, two of whom were recovering from tuberculosis.

Despite rising costs, the convalescent homes used managed to maintain a high standard and provide comfortable accommodation at very moderate fees.

Applicants are assessed for payment according to income. Seventeen cases were sent free, while seven made some contribution towards the cost. In addition to the convalescent home fees, travelling expenses were paid for seven patients. The total cost to the Council amounted to £184 2*s*. 11*d*.

Recommendations were received as follows:—

General practitioners	9
Hospital patients	15
Total	24

Patients were accommodated at the following homes:—

	Men	*Women*
All Saints' Convalescent Home, Eastbourne	1	—
Bell Memorial Home, Lancing-on-Sea	—	5
Brook Lane Rest Home, Brighton	—	1
Frederick Andrew Convalescent Home, West Malling ..	—	1
Home for Epileptic Patients, Margate	—	1
Lennox House, Southsea	—	1
Maitland House, Frinton	—	2
Rest Haven, Exmouth	—	3
St. John's Convalescent Home, Weston Favell	2	2
St. Luke's Convalescent Home, Exmouth	—	2
The Quarries, Silverstone	1	—
Toddington Grange, Glos.	—	1
Victorian Convalescent Home, Bognor	—	1
Total	4	20

(h) HEALTH EDUCATION

The most valuable form of health education is considered to be the individual discussion and advice which is given by the doctors, dentists, health visitors, midwives, district nurses, public health inspectors, welfare officers, mental health officers and other members of the Health Department during their daily duties. Attention is also drawn to health matters by means of posters and pamphlets at clinics, and by the distribution of pamphlets by Health Department staff. Talks and demonstrations illustrated by filmstrips or slides have been given by members of the Department and each request for a speaker has been met. Senior members of the Health Department have again taken part in the formal instruction

of medical students, health visitors, district nurses, midwives, hospital student nurses and nursery nurses.

Towards the end of the year, the Chief Public Health Inspector arranged a series of 3 lectures covering such subjects as housing, environmental hygiene, domestic pests, and food hygiene, to be given to children in their last year at school, by the public health inspectors. It is hoped that the scope of these lectures will perhaps be increased in the future and that it will be possible to make then an annual feature at all the senior schools in the city.

Health visitors have also continued to give talks to school-leavers on the work of the health visitor, personal hygiene, infant care and feeding, bathing the baby, and kindred subjects, and have also addressed groups of old people and women's federations on various health topics.

Mothercraft Classes

3 courses of instruction in mothercraft were held at the Bury Knowle Centre during 1956. Particulars of attendances at the 3 sessions are shown below:—

	On register	*Total attendances*
Course I		
January to March	12	83
Course II		
April to July	14	88
Course III		
September to December ..	17	139

(i) DOMICILIARY OCCUPATIONAL THERAPY

The work of the Domiciliary Occupational Therapy Service has continued to expand both in the number of patients visited and in the treatment given. Over 100 patients have been visited throughout the year, the frequency of the visits being determined by their needs.

The following figures show the range of disabilities treated:—

Tuberculosis	35
Bronchiectasis, Emphysema, etc.	15
Rheumatoid arthritis and Osteo-arthritis	12
Hemiplegia and Paraplegia	7
Thrombosis	5
Heart Disease	5
Epilepsy	3
Peripheral Neuritis	3

Disabilities involving two patients each included poliomyelitis, spinal caries, ulcerated legs, Colles' fracture, head injury and leg amputation.

Single patients dealt with included congenital deformity, Hodgkins' disease and a spastic child.

As previously, the Domiciliary Occupational Therapy Service has benefited by close co-operation with the hospitals and general medical practitioners in the city.

The service has become more widely known and this has meant extra work, which has been welcomed. It has been interesting to follow the patients' progress physically and psychologically throughout the year. The therapist becomes familiar with the home background of the patient; she is able to assess his capabilities and set him working on a craft that will help his disability and perhaps, at the same time, enable him to earn a small amount of money by selling the finished article. The latter side of occupational therapy is important as most of the domiciliary patients are long-term. Unless they are occupied and in some way helping towards the upkeep of themselves and their families, sooner or later they begin to feel hopeless and a drag on their relations.

Many disabled patients need certain gadgets to assist them to achieve independence, and during the year many of these have been made and supplied to suit specific disabilities. Housewives, sent home after treatment for poliomyelitis and other crippling diseases, have been helped with gadgets such as suction bowls, potato peelers for clamping to the sink, adapted bread-boards, darners to clamp on side of chairs, long-arm reachers, knitting devices for clamping to a table, long-armed combs and brushes, etc.

The annual competition prize-giving coincided with the opening of the woodwork department at the Osler Pavilion and over 100 people were entertained to tea in a marquee. Domiciliary patients residing in the city carried off many prizes.

The weekly class for ambulant patients, held each Wednesday afternoon at The Laurels, has continued to be popular. The patients enjoy being together and the class has been of considerable psychological value especially for patients who have returned to the comparative isolation of their home after a very long stay in hospital.

The weekly conference at the Chest Clinic and the co-operation of the medical staff of that clinic have been invaluable.

The retail shop in Little Clarendon Street for the sale of goods made by handicapped workers is an important link in the rehabilitation of the long-term patient, 630 articles being sold during the year. The cost of the original material is paid for by the patient when his article is sold and any profit is given to him.

30 patients at The Laurels have had occupational therapy during the past year. These patients have been looked after by the assistant occupational therapist and have benefited greatly.

(j) CO-ORDINATING COMMITTEE for CHILDREN NEGLECTED or ILL-TREATED in THEIR OWN HOMES

This committee, whose constitution was described in last year's report, met on seven occasions during the year. Discussions took place in relation to 44 families. In addition case conferences of the individual workers concerned (including the family doctor) were held on a few special occasions.

It seems to be the general opinion of the officers concerned that there is definite value in their regular personal contact, in the pooling of information and in the agreement which is reached as to the action to be taken about the families discussed. The meetings of the committee are sometimes long and exacting, so that the minor innovation of a short break for tea and biscuits has been appreciated by everyone.

SECTION IV

INFECTIOUS DISEASES AND INFESTATION

(a) EPIDEMIOLOGY

Scarlet Fever

24 cases (21 in children under the age of 10) were reported during the year.

Routine typing of all throat swabs giving a growth of B. haemolytic streptococci Group A was continued. Of 157 swabs examined, 16 (10%) were shown to be infected with Type 12. One of the patients concerned, a man of 57, developed acute nephritis and uraemia from which he died, and another, an 8 year old girl developed acute otitis media.

Diphtheria

For the seventh successive year, no case of diphtheria occurred.

Typhoid and Paratyphoid Fevers

1 case of typhoid fever was notified in July. This was a man aged 42, who had arrived in Oxford from India a week before the onset of pyrexia, headache and general malaise. Investigation showed him to be a faecal excretor of Salmonella typhi phage type A (a type rare to Britain) and he was admitted to the Slade Hospital. He gave a history of having had a previous attack of typhoid 26 years earlier, but the behaviour of the agglutination reactions carried out, although atypical, did suggest a fresh mild attack of typhoid fever. The organism disappeared temporarily from the faeces after a course of chloramphenicol but had reappeared before his discharge.

Poliomyelitis

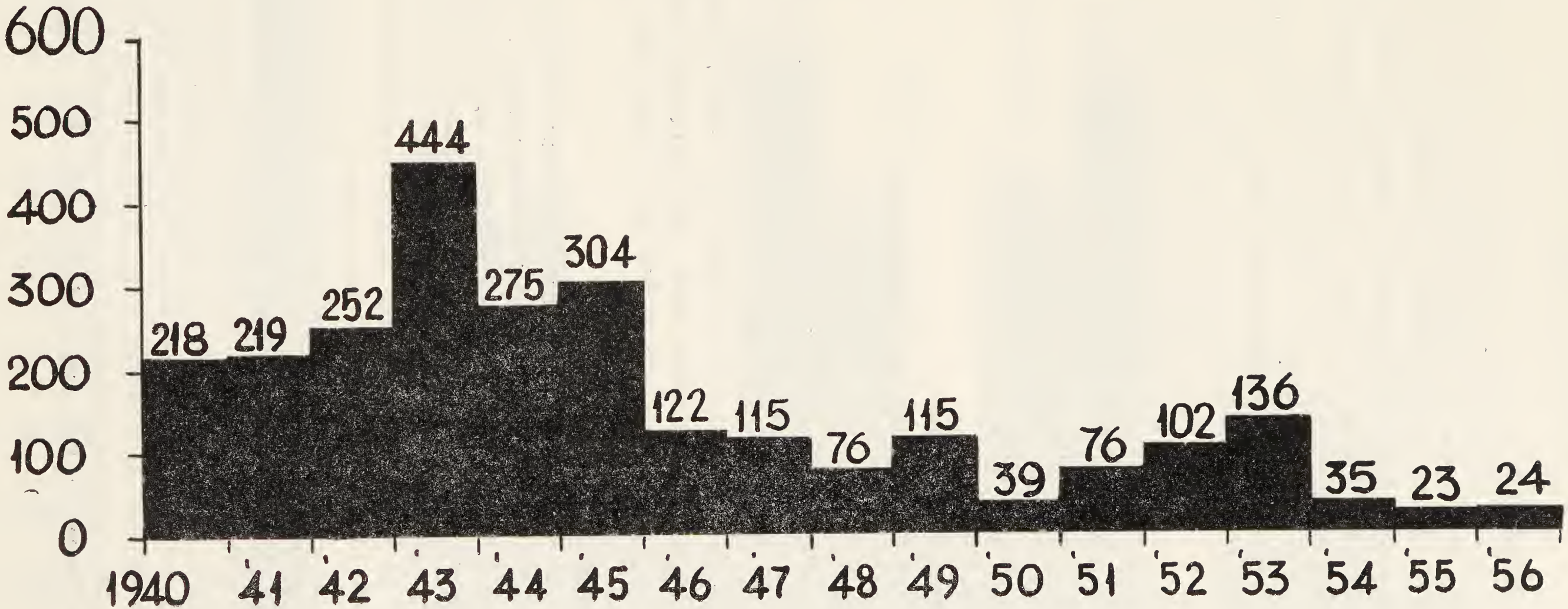
During the year, 2 cases of poliomyelitis were notified compared with 16 cases in 1955.

An 8-year old girl from Headington Quarry School developed non-paralytic poliomyelitis in July, at the commencement of the summer holidays. She was admitted to the Radcliffe Infirmary and was later transferred to the Slade Hospital. None of her contacts had any suspicious illness around that time.

In December, a University undergraduate developed pain and stiffness in his back, lower limbs, and across the shoulder girdle after playing rugger. Two days later he was admitted to the Slade Hospital and, during the next 48-hours, he developed severe paralytic disease involving the shoulder girdle and the respiratory muscles. He was nursed in a box respirator for nearly 3 weeks before being transferred to the Nuffield Orthopaedic Centre. Residual paralysis of the shoulder muscles remains.

Incidence of Infectious Diseases in Oxford since 1940

SCARLET FEVER



Acute encephalitis

4 cases of post-infective encephalitis were notified during the year, one following measles, one chickenpox and 2 associated with mumps.

In April, a 5-year old girl had a convulsion 16 days after the onset of chickenpox. She developed pyrexia, relapsed into semi-coma, and was admitted to the Radcliffe Infirmary. Her cerebro-spinal fluid was found to be normal, and recovery was eventually complete.

One week after the onset of mumps, a 10-year old boy developed pyrexia, neck rigidity, headache and vomiting. He was admitted to the Slade Hospital and made a rapid recovery within a week.

A 5-year old boy, who developed measles early in November, became drowsy and disorientated 7 days after the onset (i.e. 3 days after the rash appeared). On his admission to the Slade Hospital, he was in semi-coma and was incontinent, but recovered completely in a fortnight. His cerebro-spinal fluid was normal.

Another boy, aged 6, developed headache, vomiting and neck stiffness 36 hours before the onset of bilateral parotitis.

Meningococcal infection

No case of meningococcal infection was reported.

Measles

888 cases of measles were notified during the year. A small epidemic that occurred during the summer months was confined mainly to two areas—Summertown and Wolvercote, and Headington and Marston. A larger epidemic commenced in October and is still continuing throughout the city. From October, 1956, until the present (mid-March 1957) nearly 1,600 cases have been notified, 971 of them during the new year.

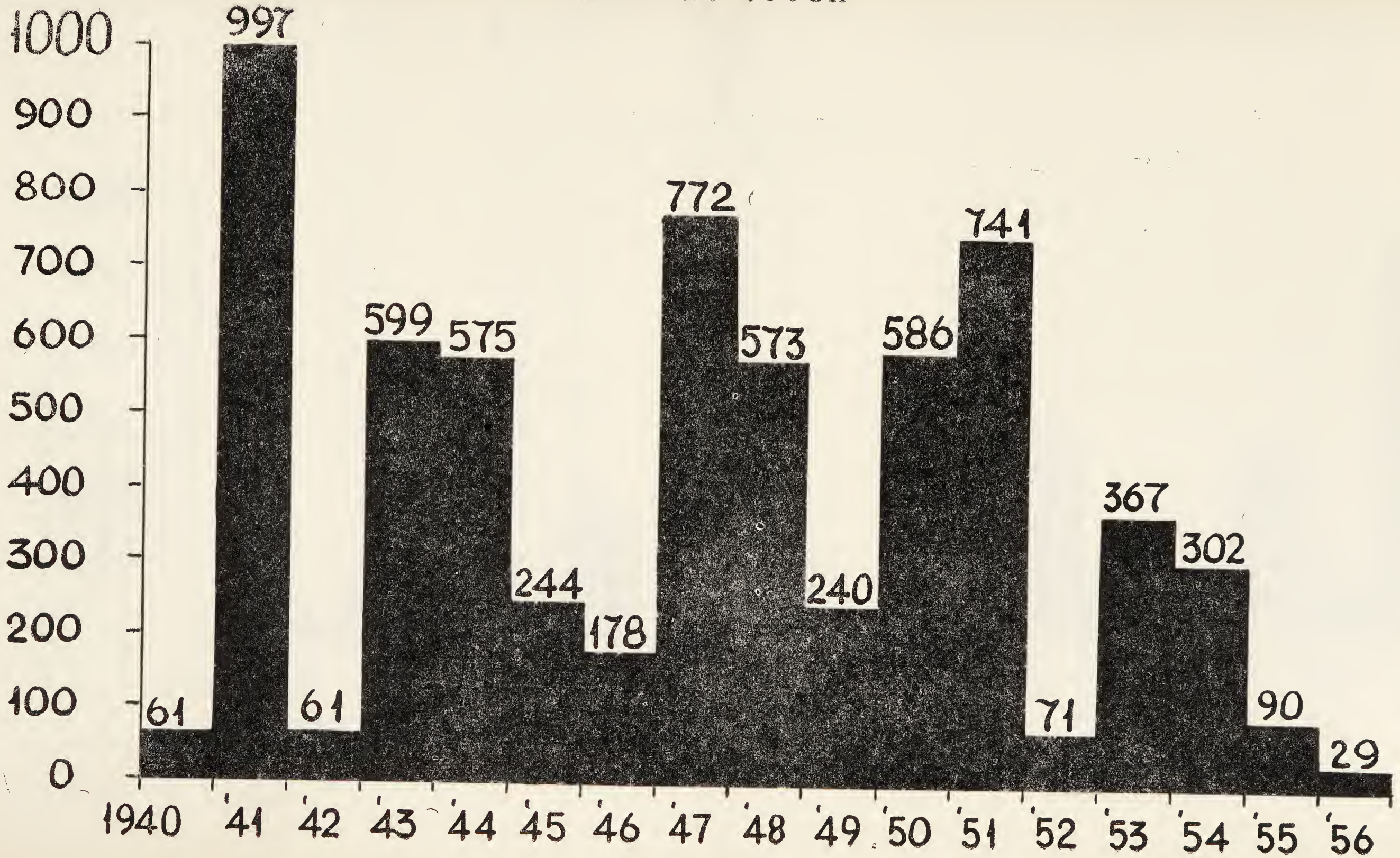
Whooping cough

Whooping cough notifications for the year reached the record low figure of 29, 20 of the cases occurring in children under 5. During the last quarter of the year, some health visitors and teachers remarked on the unusual number of children who had been suffering from spasmodic cough. Now that a considerable proportion of children have been immunised against whooping cough, the possibility of occurrence of modified forms of the disease must always be kept in mind.

Virus meningitis

In October, 3 brothers (attending an independent school in the city, but resident in Old Marston), and their father were admitted to the Slade Hospital on account of an illness consisting of varying degrees of headache, vomiting, stiff neck and muscle pains. The boys, aged 14, 15 and 16, had been taken ill on the same day, 5 days before admission to hospital; their father had developed headache 2 or 3 days before them. One boy had a sore throat, pyrexia and a widespread blotchy macular rash, and

WHOOPING COUGH



another, whose vomiting was particularly severe, had a blotchy urticarial rash on arms and trunk. Recovery was complete in every case within a few days. No other suspicious illness occurred amongst school or home contacts. This condition appeared similar to one that had been recently described as occurring in epidemic form in Nottingham and Coventry and now known to have been due to infection with Echo virus type 9.

A similar picture of infection within a family was seen in the following month in North Oxford, when a 10-year old girl was admitted to the Radcliffe Infirmary with a 7-days history of headache, pyrexia, nausea and slight neck stiffness. 4 days before admission, she had had a rash on the face. The cerebro-spinal fluid was found to contain increased cells, mainly lymphocytes. A younger brother and sister had both had headache and one had vomited, about 12 days previously, and a recurrence of headache and pyrexia occurred in one of them at the time of the eldest girl's admission. No similar cases are known to have occurred amongst school or home contacts.

Dysentery

(a) Amoebic dysentery

An Oxford businessman, who visited 11 Middle-Eastern countries last summer, developed diarrhoea whilst in Bahrein. The diarrhoea persisted and, 2 months later, investigation showed that he was excreting the cysts of Entamoeba histolytica. He was admitted to the Slade Hospital for treatment.

(b) Bacillary dysentery

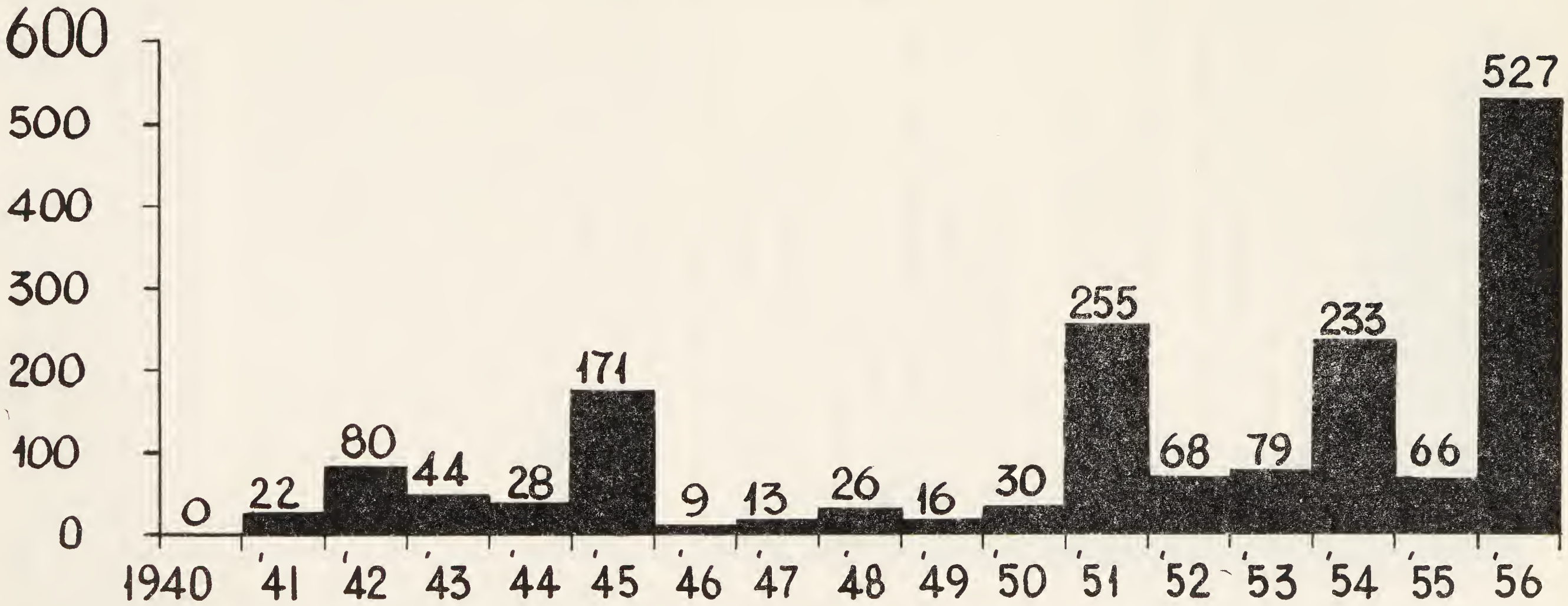
528 cases of dysentery were notified during the year. 1 of these was an Italian who had recently been to his native land and was infected with Shigella flexneri; the remainder were due to infection with Shigella sonnei. For further information see special report on Sonne dysentery at the end of this Section.

Food poisoning

154 cases of food poisoning were notified during the year and a total of 167 were ascertained. The following organisms were isolated from notified cases:—

Salmonella typhi-murium	.. .. ..	64
,, enteritidis	.. ..	4
,, dublin	.. ..	2
,, bovis morbificans + Shigella sonnei		1
,, cholerœ suis var. Kunzendorf	..	1
,, saint paul	.. ..	1
,, seftenberg	.. ..	1
,, thompson	.. ..	1
Clostridium welchii (heat resistant)	.. ..	11

SONNE DYSENTERY



Cl. welchii + staphylococcus aureus	9
Staphylococcus aureus	27
No pathogens isolated	32

Of the cases of S. typhi-murium infection, 25 occurred in 14 separate households, 3 were nurses living in the same home, and the remainder were involved in 2 institutional outbreaks. The S. enteritidis infection was traced to potted meat but in no other case of salmonella infection was the source discovered. No connection could be shown between any of the separate households which were infected with Salmonella typhi-murium.

Summary of Outbreaks of Food Poisoning which occurred in 1956

1. Outbreaks due to identified agents:—
   Total outbreaks—5. Total cases—124.

   Outbreaks due to:—

   (*a*) Chemical poisons: Nil.

   (*b*) Salmonella organisms: 4.

   (*c*) Staphylococci (including toxin): Nil.

   (*d*) Cl. botulinum: Nil.

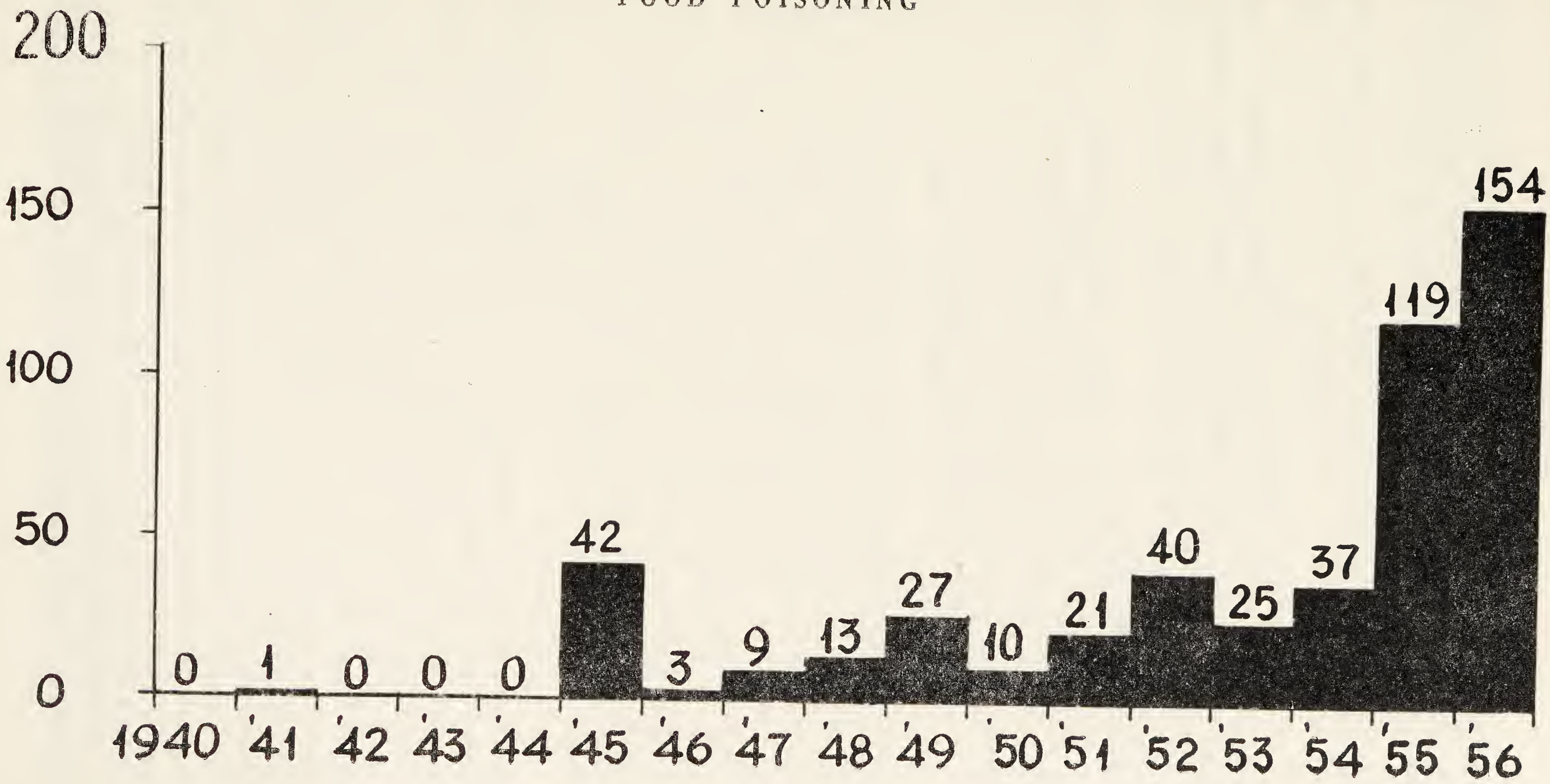
   (*e*) Other organisms—Cl. welchii: 1.

2. Outbreaks due to undiscovered cause:—
   Total outbreaks—1. Total cases—9.

The 6 outbreaks of food poisoning are described below:—

1. During July, a small outbreak of food poisoning due to Salmonella typhi-murium infection occurred at Rivermead Hospital, a long-stay and rehabilitation annexe of the Geriatric Unit at Cowley Road Hospital. 2 patients became ill on the 4th and 14th of July respectively, and 6 of the staff had suggestive symptoms of varying severity. Stool specimens obtained from every person in the hospital revealed that the infection was being carried by 12 people, including the 2 cooks and the kitchen assistant. It appeared probable that some article of food prepared in the kitchen during the weekend 29th June—1st July, had been contaminated by a symptomless carrier and was responsible for the outbreak, although the exact foodstuff could not be identified. The kitchen was inspected and its general condition found to be unsatisfactory both as regards equipment and cleanliness. Recommendations for the correction of these defects were made.

2. There was a small outbreak of food poisoning, due to Salmonella dublin, among those who ate the midday meal at the Cowley Road College of Technology canteen on 20th September. The 3 kitchen staff, 1 member of the teaching staff, and 2 students were unwell the following day with diarrhoea and abdominal pain. The kitchen staff denied having been ill until one of the routine specimens which were taken from them grew


200
150
100
50
0
0
1
0
0
0
42
3
9
13
27
10
21
40
25
37
119
154
1940
'41
'42
'43
'44
'45
'46
'47
'48
'49
'50
'51
'52
'53
'54
'55
'56

S. dublin. The member of staff was also found to be excreting this organism. Further cases may well have occurred but many students attend the College for only one day a week and no others reported that they had been ill.

No particular item of food could be incriminated, but recommendations were made to improve the kitchen hygiene.

3. 3 cases of food poisoning were notified on the 5th October. On investigation, it was found that they had all eaten potted meat brought from a shop in Northampton. A fourth person known to have eaten potted meat from this shop was visited and found to be ill with similar symptoms. Salmonella enteritidis was isolated from all 4 victims and from one of the samples of potted meat.

On communication of these findings to the Medical Officer of Health for Northampton, it was found that a similar outbreak was under investigation there and that, although potted meat from the same shop was under suspicion, they had been unable to isolate the infecting organism from it.

4. 77 patients at Cowley Road Hospital were involved in an outbreak of food-poisoning on 27th and 28th October. The incubation period and symptoms suggested poisoning by Clostridium welchii toxin. Of 69 samples obtained from the victims, 11 showed Cl. welchii only, 9 showed Cl. welchii and Staphylococcus aureus, 27 showed Staph. aureus only, and 22 contained no pathogenic organisms. Samples of minced beef eaten at the meal under suspicion were examined but contained no pathogens. The meat had been cooked the previous day and then re-heated.

It was found that both raw and cooked meats were being stored side by side in the same refrigerator and that the latter was not being kept at a sufficiently low temperature to prevent bacterial multiplication. In view of this and of similar outbreaks the previous year, it was recommended that re-heated meat should no longer be served.

5. On 30th October, 6 persons developed diarrhoea and abdominal pain about 10 hours after lunching together at a café near the centre of the city. The illness lasted for a few hours only and all returned to work after one or two days. It was not found possible to isolate any pathogens from the specimens submitted for examination by 3 of the victims.

An inspection of the café disclosed that the hygienic state of the kitchens and storerooms was very poor with gross congestion, evidence of rodent infestation and absence of a refrigerator. The washbasin associated with the staff toilet was being used as a shelf. In addition, 3 members of kitchen staff admitted having had a brief illness with diarrhoea and abdominal pain at exactly the same time as did the 6 affected customers, suggesting that all had been affected by a food-poisoning toxin of bacterial origin. The 3 staff concerned were suspended from duty until the bacteriological laboratory had pronounced them free from infection.

It proved impossible to ascertain the food or foods which were contaminated. 5 of the victims thought that they had eaten beef that day,

but the menu for the day in question did not list beef and, in fact, appeared to be inaccurate. No food from that day was left for examination.

Amongst the recommendations made to the proprietor of the café were improvements to the food-store and the installation of a refrigerator, but the confined nature of the premises made more radical alterations desirable. These are being considered.

6. On 21st November, 5 cases of infection with Salmonella typhi-murium were notified by the Public Health Laboratory as having occurred at a boarding-house at an independent preparatory school. Investigation showed that 13 boys had been taken ill between the 14th and 17th, the main symptoms being diarrhoea, nausea and pyrexia of varying degrees of severity, the boys first affected tending to be the hardest hit. The cook also developed symptoms on the 17th. Specimens were obtained from all boys living in the house and all staff, full-time and part-time. In all, 21 boys out of 29 were excreting the Salmonella, and also the cook and the housemaster's wife, the latter sharing responsibility in the preparation of meals. 5 other adults and the housemaster's small daughter were negative.

The first boy affected was taken ill immediately before breakfast on the 14th, which apparently rules out the ham eaten at that meal as the vehicle of infection. Some of this ham had been used in sandwiches at a tea attended by the rest of the school 2 days previously. Unfortunately, the few remains had been taken away with the refuse.

Owing to the occurrence of the half-term holiday and the dispersal of the boys on different outings, the only likely vehicles of infection consumed by all those affected were minced meat for lunch on the 12th (obtained fresh and cooked the same day) and sausages for lunch on the 13th. The supplying butcher volunteered that he had suffered from diarrhoea the previous week, but specimens obtained from him and his assistant proved negative.

Single cases of infection with S. typhi-murium were found in 2 of the other boarding-houses. In one, a boy developed his initial symptoms on the night of the 19th, which was particularly puzzling as he had been confined to the sickroom for another complaint since the 16th and had only emerged in time to share an apparently innocuous lunch in another house before being taken ill again. The other case was the small daughter of another housemaster whose illness started on about the 14th or 15th.

Exhaustive enquiry failed to reveal any connection between these 2 cases and the main outbreak. The catering for the 3 establishments was done separately and there had been no contact between the respective kitchen staffs.

The affected boys, although most of them were still excreting the Salmonella at the end of term, were allowed to mix with the rest of the school when they were clinically recovered, on the understanding that they only used the w.c. set aside for them and did not enter those used by the

NOTIFIABLE INFECTIOUS DISEASES SINCE 1936

DISEASE	1936	1937	1938	1939	1940	1941	1942	1943	1944	1945	1946	1947	1948	1949	1950	1951	1952	1953	1954	1955	1956
Smallpox ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Scarlet Fever	245	286	175	145	218	219	252	444	275	304	122	115	76	115	39	76	102	136	35	23	24
Erysipelas ...	38	28	37	24	52	47	36	39	42	32	19	22	25	33	24	15	18	20	21	16	1
Puerperal Pyrexia ...	59	28	45	76	107	167	138	95	96	73	72	53	49	77	53	64	126	117	105	149	116
Ophthalmia neonatorum	8	9	4	12	11	4	8	20	9	7	16	36	59	83	18	13	18	47	47	37	64
Pemphigus neonatorum	—	—	—	—	—	—	—	—	—	2	10	15	17	9	2	3	1	2	—	1	—
Diphtheria ...	31	11	17	35	32	35	24	14	11	—	5	14	2	1	—	—	—	—	—	—	—
Measles ...	—	—	—	43	1808	1442	52	1695	136	2199	114	904	1472	1141	986	1294	461	2376	13	1001	888
Whooping Cough ...	—	—	—	22	61	997	61	599	575	244	178	772	573	240	586	741	71	367	302	90	29
Pneumonia ...	—	—	68	38	121	126	109	109	57	97	87	79	60	76	79	96	64	91	71	81	65
Poliomyelitis— Paralytic	—	1	35	1	1	28	1	1	7	3	1	22	9	19	7	4	4	6	2	13	1
Non-paralytic															1	—	—	—	—	3	1
Acute Encephalitis— Infective ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	1	1	—	—
Post-infectious	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	4
Meningococcal infection	3	4	14	3	54	28	12	12	5	2	5	13	4	2	—	4	2	5	3	6	—
Typhoid Fever	5	—	3	3	1	—	5	2	—	—	—	—	1	—	2	—	—	—	—	1	1
Paratyphoid	3	—	—	—	2	6	1	—	—	1	—	7	1	—	2	—	—	—	2	2	—
Bacillary Dysentery	33	13	11	—	—	22	80	44	28	171	9	13	26	16	30	255	68	79	233	66	526
Amoebic Dysentery	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Food Poisoning	—	—	38	—	—	1	—	—	—	42	3	9	13	27	10	21	40	25	37	119	154
Malaria	—	—	—	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—	—	—	—

CASES OF INFECTIOUS DISEASES NOTIFIED FROM HOSPITALS

	Radcliffe Infirmary	Churchill Hospital	Slade Hospital	Cowley Road Hospital	Eye Hospital
Scarlet Fever	—	—	5	—	—
Puerperal Pyrexia ..	104	8	1	—	—
Ophthalmia neonatorum	61	2	—	—	1
Measles	1	—	2	—	—
Whooping Cough	1	—	9	—	—
Pneumonia	—	—	1	1	—
Poliomyelitis—					
Non-paralytic ..	1	—	—	—	—
Acute Encephalitis—					
Post infectious ..	—	—	2	—	—
Typhoid Fever	1	—	—	—	—
Bacillary Dysentery ..	1	—	2	—	—
Food Poisoning ..	—	—	6	77	—
	170	10	28	78	1

AGE AND WARD OF ALL NOTIFIED INFECTIOUS DISEASES IN 1956

NOTIFIABLE DISEASES	CASES NOTIFIED IN WHOLE DISTRICT AGES IN YEARS.													TOTAL NUMBER OF CASES IN EACH WARD						
	At all ages	Under 1 yr.	1–	2–	3–	4–	5–	10–	15–	20–	35–	45–	65–	S'town & W'lver-cote	North	West	South	East	Head-ington & M'ston	Cowley & Iffley
Scarlet Fever	24	—	1	1	3	1	15	1	1	1	—	—	—	2	2	4	1	2	11	2
Erysipelas	1	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	1
Puerperal Pyrexia ..	116	—	—	—	—	—	—	—	9	91	16	—	—	—	104	—	2	—	10	—
Ophthalmia neonatorum	64	64	—	—	—	—	—	—	—	—	—	—	—	—	62	—	—	—	2	—
Measles	888	22	55	83	113	123	478	8	1	3	1	1	—	124	46	43	46	72	443	114
Whooping Cough ..	29	4	2	6	3	5	6	2	1	—	—	—	—	—	2	1	6	3	13	4
Pneumonia	65	1	—	1	—	—	4	—	1	7	11	23	17	5	4	16	4	10	16	10
Poliomyelitis Paralytic	1	—	—	—	—	—	—	—	—	1	—	—	—	—	1	—	—	—	—	—
Non-paralytic	1	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	1	—
Acute Encephalitis— Post infectious ..	4	—	—	—	—	—	3	1	—	—	—	—	—	—	1	1	1	—	1	—
Typhoid Fever.. ..	1	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—	—	—
Bacillary Dysentery ..	526	16	20	31	28	47	196	72	10	53	32	17	4	31	16	20	106	82	113	158
Amoebic Dysentery ..	1	—	—	—	—	—	—	—	—	—	1	—	—	1	—	—	—	—	—	—
Food Poisoning ..	154	1	1	4	3	2	28	2	1	8	3	27	74	10	33	1	13	84	7	6
	1875	108	79	126	150	178	731	86	24	164	65	68	96	173	271	86	180	253	617	295

rest of the school. 3 months after the beginning of the outbreak, 7 of the victims had still not produced a single negative stool.

(b) THE SLADE HOSPITAL (Infectious Diseases Department)

The arrangement by which the Medical Officer of Health, with the assistance of his Deputy, is responsible to the Board of Governors of the United Oxford Hospitals for the clinical control of the infectious diseases patients at the Slade Hospital has continued to be of the greatest value to all concerned.

Dr. A. G. Ironside, M.D., Ch.B., took up his duties as Resident Medical Officer in April, following the resignation of Dr. J. K. Pearce, M.A., B.M., B.Ch., and the following report prepared by Dr. Ironside is included by reason of the fact that the infectious diseases patients at The Slade Hospital are so very closely connected with the epidemiological work of the Health Department:—

"There were 457 admissions to the 36 infectious disease beds of the Slade Hospital during 1956. During the last 8 years the totals have varied from 335 to 556, so that 1956 could be termed an "average year".

There have been no outstanding epidemics of serious disease, but the year has been notable for its variety. As previously, it has been possible, for much of the year, to lend 4 beds to the Chest Physician and 4—8 beds to the Gynæcologists.

Whilst the majority of cases admitted were medically in need of hospital treatment, many cases with a simple infectious disease, such as mumps or Sonne dysentery were admitted merely for urgent social reasons. Commonly, these came from the University, which has large numbers of "living-in" undergraduates and staff. An appreciable number of admissions came from other hospitals in Oxford. Since the Infectious Disease Block of Wheatley Military Hospital closed, many of their infectious cases have been admitted to the Slade Hospital. The majority of the cases of rubella came from Wheatley in the early months of the year. During the summer months it was relatively easy to accommodate these social cases, but during the colder weather the wards were filled with cases of more serious disease.

The work of isolation hospitals has been changing markedly in recent years. Since the disappearance of large serious epidemics such as those of diphtheria, the admissions have become much more varied, and now examples of every possible kind of disease, related, sometimes only remotely, with infection, have been seen in the wards. The fact that the hospital is largely composed of single cubicles has made this very easy to manage.

The largest group of diseases admitted were the infectious diarrhoeas. There were 78 cases in this group. The group can be further subdivided into:—

Sonne dysentery	26 cases

Non-specific gastro-enteritis (adults)	13 ,,
Salmonella enteritis	11 ,,
Non-specific gastro-enteritis (infants)	10 ,,
Staphylococcal enterocolitis	9 ,,
Paratyphoid fever	7 ,,
Typhoid fever	1 ,,
Amoebic dysentery	1 ,,

Sonne dysentery:

Most of the cases were admitted from other hospitals, residential nurseries and institutions. One nursing mother with her infant was admitted from a maternity hospital. All these cases were mild and there were no deaths.

Non-specific gastro-enteritis of adults and older children:

This tended to be severe and protracted in many cases, and responded very poorly to chemotherapy. One boy of 7 years of age was severely dehydrated on admission and required intravenous fluid treatment. Again there were no deaths.

Salmonella enteritis:

10 of these were due to salmonella typhi-murium and one to salmonella seftenberg. These tended to be severe and responded very poorly to chemotherapy and several cases were discharged still excreting the organism. One of this group, a man aged 57 with chronic nephritis, became dehydrated and completely anuric. He died after three days in hospital.

Non-specific gastro-enteritis of infants:

These are worrying cases in view of the ease with which they become seriously dehydrated. One of these died—a child of 18 months who, following severe diarrhoea and vomiting, became profoundly dehydrated. He was admitted in a moribund state and died within half an hour before an intravenous drip had delivered a significant amount of fluid. Another infant, aged 4 months, was severely dehydrated but survived after intravenous fluid treatment.

Staphylococcal enterocolitis:

These cases were mainly from Cowley Road Hospital and were all infected with antibiotic resistant staphylococcus aureus. One old man died of this infection here.

Paratyphoid fever:

There were 7 cases admitted consisting of 2 families from the same town. All were infected with the paratyphoid "B" organism. None of these suffered a severe typhoid type of illness but more a gastro-enteritis type often associated with the "B" organism. One family, a mother and 2 children, cleared up quite quickly after chloromycetin treatment. The other family, a father, mother and 2 children, in spite of courses of terra-

mycin, streptomycin and neomycin, continued to excrete the organism and eventually went home as carriers. The children were intermittent urinary as well as bowel excretors. The mother, who was 7 months pregnant on admission, had her baby on the ward.

Amoebic dysentery:

The case was a business man who had contracted the disease in the Middle East. He cleared up quickly on treatment.

Typhoid fever:

The case was an Indian business man who, while incubating the disease, had flown from India to attend the Duke of Edinburgh's Conference in Oxford. He was admitted to the Radcliffe Infirmary with continued fever and transferred here when diagnosed. After a course of chloromycetin, he recovered clinically and was bacteriologically clear before returning to India. This, of course, is one of the disadvantages of rapid air travel, and it is frightening to think that he might just as easily have brought smallpox into the country instead of typhoid.

The next largest group consisted of chest infections, comprising 44 cases.

Of these, 16 were cases of acute primary lobar pneumonia. These were mostly in children and young adults and all recovered completely. In addition, 2 old people were admitted from other hospitals with lobar pneumonia due to staphylococcus aureus. It was surprising how well they remained, although one had a consolidated lobe which completely failed to clear after several courses of chemotherapy, and physiotherapy which lasted many weeks, and the other had massive cavities. Both were discharged home more or less as chronic invalids.

There were 14 cases of broncho pneumonia, mostly in old people, but several in young children. All recovered uneventfully.

There were also 6 cases of asthmatic bronchitis and 6 cases of bronchitis.

The next group was acute infections of the central nervous system, and this comprised 32 cases.

There were 11 cases of paralytic poliomyelitis, 4 children and 7 adults. 2 of the children were cases of pure bulbar paralysis; both were transferred to the Churchill Respiratory Unit and both made complete recoveries. The other 2 children had minimal paralysis. 4 of the adults had mild paralysis which will cause no real disability. One other had extensive paralysis of both legs. The 2 worst cases had weakness of the muscles of respiration and paralysis of the diaphragm, and required several weeks of treatment in the cabinet respirator. One, a woman aged 35, had extensive weakness of most of her arm, leg and trunk muscles, and is still, after 5 months, a patient in the Nuffield Orthopaedic Centre, unable to walk although she is completely weaned from the respirator. The other, a man of 21, had weakness of both shoulders in

addition to his respiratory weakness. When he was discharged to the Nuffield Orthopaedic Centre he was completely weaned from the respirator.

In the management of these respiratory cases, the help of Dr. J. M. K. Spalding and Dr. A. Crampton-Smith was greatly appreciated.

There were also 14 cases of virus meningitis, all of whom recovered quickly and completely. Several of these were probably cases of non-paralytic poliomyelitis, although others were more typical of this new entity "Nottingham meningitis".

There were 2 cases of meningococcal meningitis, both of whom recovered.

One case of tuberculous meningitis was transferred to the Osler Meningitis Unit.

There were also 2 cases of post-infectious meningo-encephalitis, following mumps and chickenpox, and one case of pure encephalitis, following measles; all recovered completely.

Lastly, there was one case of acute infectious polyneuritis with symmetrical flaccid paralysis of the arms and legs, who recovered completely.

There were 11 deaths in the fever beds during the year, including the 3 already mentioned in the enteritis group.

3 others died of malignant disease, the primary growth being in the stomach, bladder and cervix-uteri respectively. In 2 of these, there was gross secondary infection which was the actual cause of death. The third had prolonged fever due to widespread secondary carcinoma.

1 case, a woman aged 75, was dead on admission from coronary heart disease.

A man, aged 55, died of mitral stenosis with multiple emboli.

A man, aged 37, sent in as a case of meningitis, died of progressive subarachnoid haemorrhage.

One death occurred in a little boy of 6 years. While suffering from whooping cough with a collapsed right lower lung, he developed an unusual morbilliform rash. He then deteriorated, became deeply jaundiced and increasingly breathless, and died. Post mortem examination revealed a membranous tracheo-bronchitis in addition to the lung collapse, and the jaundice due to acute hepatitis. Even after post mortem, no satisfactory diagnosis was made.

The last death was of a man, aged 30, who died of Weil's disease, with deep jaundice and complete anuria lasting several days.

Following this depressing catalogue, it would be well to mention 2 seriously ill cases which did recover. One case, a baby aged 6 months, was brought in in a moribund condition by his doctor. He was clearly a case of overwhelming septicaemia, with numerous skin haemorrhages. Following intensive antibiotic and cortisone treatment, he recovered, although he eventually developed a huge abscess of his abdominal wall and groin. This was opened at the Radcliffe Infirmary and he made a full recovery.

The second case was that of a police sergeant who was in charge of the destruction, with flame-throwers, of the carcase of a cow which died of acute anthrax. The sergeant had the job of fixing a chain round the carcase to drag it out from a clump of bushes in which it had died. During this operation he was splashed with blood from the carcase. One week later he was admitted, ill and fevered, with great swelling and a black ulcer on his left arm. He was rapidly confirmed as a case of anthrax by the laboratory. He was treated with large doses of penicillin and streptomycin and, after a stormy illness, recovered completely although it was many weeks before the black scab finally separated.

Amongst the cases of measles, all the common complications, lobar and broncho-pneumonia, and otitis media were commonly seen.

Amongst the whooping cough cases, there was no case in which permanent pulmonary collapse was seen.

Amongst the small number of puerperal pyrexia cases, only one was due to B. haemolytic streptococci and no less than 2 were due to pernicious anaemia of pregnancy.

Glandular fever appears to be increasing in frequency. Many of the cases were quite ill, with prolonged fever. 2 cases developed jaundice, and one developed spastic paralysis of the legs, which cleared up completely.

Trends of disease can only be mentioned in very general terms from the admissions in 1956 as compared with those of previous years. It is evident that some diseases, such as diphtheria or scarlet fever, have disappeared or have become very mild in recent years, while others, such as glandular fever and poliomyelitis, have become more common. In general, it would seem that bacterial diseases are becoming less serious and less common, while virus diseases are on the increase. The exception to this statement in recent years has been the enteritis group of infections, which is increasing.

There has been opportunity during the year to study the effects of several of the antibiotics in the treatment of common infections.

In the enteritis group of infections, it has been very difficult to assess the results of treatment, but as a general rule the results hardly justified the expense of the drugs employed. In the carrier state, often found following these infections, new difficulty arises. Often, as in the case of nurses, schoolchildren, etc., it would be desirable to cure this carrier state.

In treating carriers of paratyphoid, other salmonella infections and Sonne dysentery, varying combinations of terramycin, chloromycetin, oral streptomycin and oral neomycin have been used, and in practically none of the cases has the carrier state been cleared. So it would be safe to say that the carrier state of these infections is not curable with the drugs available, and usually it is a waste of time and money to attempt to treat it. It seems more useful to train these cases in scrupulous personal hygiene but otherwise ignore as far as possible the carrier state.

Summary of Admissions to the Infectious Diseases Wards at the Slade Hospital during 1956

	Admissions	*Deaths*
Pneumonia and bronchitis	44	—
Mumps	29	—
Glandular Fever	27	—
Bacillary dysentery	26	—
Chicken pox	25	—
Tonsillitis, pharyngitis or quinsy	25	—
Gastro-enteritis (non-specific)	23	1
Upper respiratory tract infection (non-specific)	21	—
Whooping-cough	20	1
Rubella	20	—
Measles	15	—
Virus meningitis	14	—
Salmonella infection	11	1
Poliomyelitis	11	—
Local sepsis	10	—
Staphylococcal enteritis	9	1
Scarlet fever	7	—
Paratyphoid B.	7	—
Infective hepatitis	6	—
Pyelitis	5	—
Puerperal pyrexia	5	—
Impetigo	5	—
Erysipelas	4	—
Herpes zoster	4	—
Herpetic stomatitis	3	—
Otitis media	3	—
Post-infectious meningo-encephalitis	3	—

There were 2 cases of each of the following:—meningococcal infection, staphylococcal septicaemia, staphylococcal food poisoning, leukaemia, febrile convulsions, and cerebral thrombosis.

Single cases of the following were admitted:—typhoid, amoebic dysentery, polyneuritis, acute rheumatism, influenza, osteomyelitis, anthrax leptospirosis (died), malaria, scabies, acute nephritis, subarachnoid haemorrhage (died), ulcerative colitis, and Kaposi's varicelliform eruption.

There were 36 cases in which the ultimate diagnosis was not an infectious disease.

12 well babies accompanied sick mothers.

(c) TUBERCULOSIS

The staff engaged in carrying out the duties of the Local Health Authority with regard to Tuberculosis under Section 28 of the National Health Service Act, 1946 are:—

	Proportion of whole-time
Dr. F. Ridehalgh, Consultant Chest Physician to the United Oxford Hospitals	3/11ths
Mrs. D. Hicks, Almoner, Chest Clinic	3/11ths
Mrs. B. Eagle and Miss G. M. Lawrence, Tuberculosis Health Visitors	Whole-time
1 Clerk	3/11ths

Mass Radiography

The mass radiography service of the Oxford Regional Hospital Board (based on Reading) carried out one of its periodic surveys in Oxford early in 1957, two units being in the city for 6 weeks. Preliminary reports indicate that about 41% of the adult population attended for chest X-ray examination, attendances at the industrial sites being particularly good. The approximate numbers examined were as follows:—

	Male	*Female*	*Total*
Industrial sites ..	15,659	2,223	17,882
General public sites ..	6,748	8,265	15,013
	22,407	10,488	32,895

This is about the same total number as were examined at the previous visit of the service to the city in the last 3 months of 1954, although, at that time, the units were here for twice as long as at the recent visit.

Table A

New Cases and Mortality during 1956

Age Periods	New Cases				Deaths			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	Male	Female	Male	Female	Male	Female	Male	Female
0— ...	—	—	—	—	—	—	—	—
1— ...	—	—	—	—	—	—	—	—
2—4 ...	—	—	—	—	—	—	—	—
5—9 ...	—	1	—	—	—	—	—	—
10—14 ...	—	2	—	1	—	—	—	—
15—19 ...	5	2	1	—	—	—	—	—
20—24 ...	10	12	1	1	—	—	—	—
25—34 ...	8	11	1	1	—	—	—	—
35—44 ...	8	2	—	3	1	—	—	—
45—54 ...	13	5	1	—	2	—	—	—
55—64 ...	9	3	—	1	—	—	—	—
65 and over ...	2	1	—	—	1	1	—	—
Totals ...	55	39	4	7	4	1	—	—

Table B

Progress of Notification

Year	Pulmonary	Non-Pulmonary	Total
1936	87	36	123
1937	101	43	144
1938	81	30	111
1939	98	23	121
1940	111	43	154
1941	113	42	155
1942	126	58	184
1943	103	46	149
1944	129	29	158
1945	120	34	154
1946	140	32	172
1947	144	27	171
1948	148	25	173
1949	180	18	198
1950	113	11	124
1951	85	4	89
1952	74	10	84
1953	101	18	119
1954	116	15	131
1955	110	22	132
1956	94	11	105

Report by Dr. F. Ridehalgh, Consultant Chest Physician to the United Oxford Hospitals

It is now more than forty years since tuberculosis became a notifiable disease. During that period there can hardly have been a single Annual Report issued by a Medical Officer of Health which did not contain the statement that "deaths from tuberculosis were the lowest on record". Such a statement could in fact have been made with complete accuracy at any time during the past century. Thus reassured, the reader was perhaps less likely to be disquieted by the discovery of a specific entry for those dying within two months of diagnosis: the facts that a high proportion of patients died within a year, more than half within five years, and that many remained infectious even by the crudest test throughout their lives, were less obvious and less heavily underlined.

The change in the epidemiological picture of tuberculosis during the past decade is little short of a miracle. It invites complacency. It encourages the idea that tuberculosis is on its way out and needs no more than polite obsequies.

Any such attitude is, however, quite unrealistic. A fresh assessment and a new viewpoint are required. The signal is not "cease fire" but "engage the enemy more closely".

The death-rate, formerly and properly regarded as the best index of the general health and welfare of a community, is now valueless as a guide to action. The notification rate is a measure, not so much of morbidity as of case-finding zeal. The fate of those treated, in relation to survival, abolition of infectivity, restoration of working capacity and freedom from relapse is perhaps the best index of progress. The level of tuberculous infection in the first two decades of life is perhaps the best measure of what remains to be done.

Mortality

Ten persons on the tuberculosis register died during the year. In two cases tuberculosis was the main cause of death, and in a third it was undoubtedly contributory. One man of 42, notified in 1950, had a fatal haemoptysis. One man of 52, notified in 1950 with extensive chronic fibro-cavernous disease, died of cardio-respiratory failure. One man of 72 notified in 1953 had femoral thrombosis, diabetes, enlarged prostate and pulmonary tuberculosis. One man of 50, diagnosed in 1955 was recorded as "phthisis" but died of an acute infection superimposed upon emphysema, his tuberculosis being quiescent and minimal.

One woman of 76 with minimal tuberculosis died of auricular fibrillation. The remaining deaths, four in men and one in a woman, were due to malignant disease, including three cases of bronchial carcinoma.

Notifications

Total notifications, at 105, show a sharp fall from 132 in 1955. Lower figures were, however, recorded in 1935, 1951 and 1952. Respiratory notifications at 94, are 16 less than in 1955, and non-respiratory notifications at 11 exactly half the 1955 figure. Lower respiratory notifications were returned in 1935, 1936, 1938, 1951 and 1952, and lower or equal non-respiratory notifications in 1950, 1951 and 1952. Three respiratory and one non-respiratory notifications were made in children: 31 respiratory notifications and two non-respiratory in persons over 45.

Case finding by means of the camera units at the Churchill Hospital, the Radcliffe Infirmary, and the two motor car factories, has gone on as usual. The G.P. X-ray Unit in Banbury Road closed down in the autumn pending transfer to Cowley Road Hospital. The Mass Radiography Unit returned to Oxford only late in the year. On the whole, therefore, the routine X-ray programme has been a little less intense than usual, and it would be incorrect as yet to regard the present fall in notifications as more than a possibly chance fluctuation.

Results of Treatment

I have made a survey of the subsequent history of respiratory cases notified during 1954 and 1955 and I hope to extend this retrospectively. The findings for 1954 and 1955 are as follows.

220 adult cases of active respiratory tuberculosis were newly diagnosed and treated in 1954 and 1955.

There were two posthumous notifications, and six patients died from non-tuberculous causes. The causes of death were

Auricular fibrillation	1	(76)
Carcinoma	1	(67)
Cardio-respiratory failure	1	(72)
Fracture of femur	1	(81)
Mitral incompetence	1	(44)
Perforated duodenal ulcer	1	(38)

The diagnosis of tuberculosis was not confirmed in four cases. Five patients left the area on diagnosis to seek treatment nearer their homes. Two Irish labourers absconded from hospital before completing treatment.

Thus, 201 patients underwent a full course of treatment. Sixteen of these removed at a later date, all being quiescent, fit for full work and culture negative on transfer-out.

Of the 185 remaining under supervision, one man of 62 is disabled by emphysema and one man of 72 by angina pectoris. In both cases the tuberculosis is minimal, quiescent and culture negative. One man who was offered and refused surgical treatment has had a minor relapse with-

out recurrence of positive sputum, and this has cleared on further chemotherapy, without interruption of his work.

One man, almost certainly infected in the first instance by a known disseminator of drug resistant organisms, returned to work after prolonged treatment including a lobectomy, but has recently produced a single positive culture without other evidence of activity. This is the only case remaining sputum positive in the series. The remaining 181 cases appear to be soundly healed, are consistently culture negative, clinically well and free from symptoms. and doing full time work or normal household duties.

These results speak for themselves. It is too soon to say that the risk of relapse has been abolished. It has certainly been greatly reduced. It is quite clear, however, that the known case is no longer a risk to the community. It is the unrecognised spreader of disease who matters, and it is to his discovery that our efforts must be turned, by every means at our command.

B.C.G. Vaccination

The total vaccinations have risen from 268 to 310, of whom 218 were contacts, 54 hospital staff, and 38 students at Dorset House. The full five year follow-up is being maintained, and where possible extended.

Health Visiting, Social and Preventive work

The clinical, preventive and socio-medical aspects of tuberculosis are regarded in Oxford as inseparable constituents of a comprehensive programme, maintained by team work between doctors, health visitors, almoners and occupational therapists working from the Chest Clinic in close liaison with the Public Health Department, and reinforced by an untiring Tuberculosis Care Committee. Improvements in prognosis have not reduced the financial problems of the patient off work and under treatment. The voluntary funds of the Care Committee fill many gaps not covered by the statutory provisions of the welfare state, and the Care Committee deserves more financial help than it is given by the citizens of Oxford.

Weekly contact clinics and fortnightly evening camera-unit sessions for contacts have continued throughout the year. The search for contacts is not confined to the tuberculous household but is extended to married siblings and other relatives and where practicable, to contacts at work. Many of the latter are X-rayed at work and do not appear in the return of contacts attending the clinic. During 1956, a total of 848 contacts were examined, with 3 notifications.

The number of visits paid by the Tuberculosis Health Visitors was 3193.

Almoner's Report

The spectacular fall in the death rate from tuberculosis during the last few years has led some people to feel that the fight on all fronts is over. Those of us who work within the Chest Clinic team are only too aware of the problems that remain and recur from day to day.

To a patient newly diagnosed as having tuberculosis the situation is still beset with fear, and echoes of the reputation that the disease had as a killer in grandma's day have not quite died away.

Apart from personal anxiety the illness is still time taking enough to cause considerable disruption in family life, and occupational ambitions, and to impose a severe strain on family finances.

This year as in previous ones, the Almoners have been able to rely on the City of Oxford Care Committee for much understanding help. The Seal Sale for so long the Committee's financial backbone does give cause for some anxiety; due no doubt to a variety of causes including the multiplicity of similar Christmas Seal appeals the Seal Sale total is down on previous years, a matter for grave concern to all of us who see at close quarters the continuing needs of anxious long-term patients. Help given to patients by the Committee has been very varied and most effective. The Christmas gifts in the form of unexpected postal orders have been particularly welcome.

The continued supply of free milk through the Health Department constitutes a valuable direct help to strained housekeeping budgets.

The department has, as always, received a great deal of help from voluntary societies—The Rotary Club continued to ferry patients' visitors to Peppard until petrol rationing curtailed this valuable service—luckily the number of our patients in Peppard is considerably less than in earlier years.

Inevitably the redundancy following petrol restrictions has caused unemployment among those patients whose impaired physical efficiency has kept them in light driving jobs, it is also making it noticeably more difficult for newly recovered patients looking for light but unskilled work.

The handicraft workshop at the Osler Hospital, a long desired development, is proving invaluable, both assessment and teaching taking their place there. Many patients are discovering new interests there.

Two patients are working at the El-Alamein Colony. A number have been through the Industrial Rehabilitation Unit at Egham, with great success, and some have gone on to training courses. The Disablement Resettlement Officer has been an indefatigable ally throughout the year.

The opportunities for full discussion and steady planning given us as a team by the weekly conference between doctors, health visitors, occupational therapists and ourselves does encourage us to see each patient as a complete individual in his own unique family setting.

Cordial relations have been continued with the various statutory authorities, with whom our patients come into contact.

(d) VENEREAL DISEASES

In connection with Section 28 of the National Health Service Act, 1946, relating to the prevention of illness and after-care, the City Council accepts responsibility for 2/11ths of the salary of a hospital almoner who spends about a quarter of her time on venereal diseases work.

The following table summarises the work of the clinic held at the Radcliffe Infirmary for 1956 and compares this year with the 3 previous years. It should be noted that the figures given in this table include patients from the wide area around Oxford served by the Radcliffe treatment centre:—

New Patients suffering from:	1956		1955		1954		1953	
	Male	Female	Male	Female	Male	Female	Male	Female
Syphilis, primary ..	2	—	2	2	—	—	2	—
Syphilis, secondary	—	—	1	1	—	—	—	—
Syphilis, latent ..	10	9	9	4	16	8	9	8
Syphilis, congenital..	2	3	2	4	2	2	1	1
Total	14	12	14	11	18	10	12	9
Gonorrhoea	55	29	55	35	48	20	31	21
Other Conditions ..	179	62	149	53	134	51	186	69
Undiagnosed ..	6	5	2	3	4	3	2	7
Total new patients ..	254	108	220	102	204	84	231	106
Total attendances ..	1045	566	1049	530	1022	659	1101	914

Dr. Patrick Mallam, Consultant in charge of the Special Department, when forwarding the report of Miss A. Jackson, Almoner, has commented that the past year has not shown any very obvious changes in the pattern of the work of the Special Department. There has been a slight increase in attendances, which he feels is not so much due to an actual increase in disease but to a better standard of education regarding the dangers of promiscuity.

Miss Jackson reports as follows:—

The total number of new patients has risen from 322 in 1955 to 362 in 1956. The total number of attendances was 1,579 in 1955 compared with 1,611 in 1956.

There were two cases of newly acquired syphilis. No cases of secondary syphilis and no cases of syphilis latent in the first year of infection. This compares favourably with 1955 when there were 4 cases of primary syphilis, two cases of secondary syphilis and three cases latent in the first year of infection.

The total number of new patients receiving treatment for gonorrhoea fell from 90 in 1955 to, 84 in 1956. The number of new male patients was the same as in 1955. The figures for the females fell from 35 in 1955 to 29 in 1956.

The total number of new patients being treated for other conditions rose from 207 in 1955 to 252 in 1956. The figures for the males rose from

151 in 1955 to 185 in 1956. The figures for the females rose from 56 in 1955 to 67 in 1956.

There was a change of Almoner in the middle of the year but the vacancy was filled immediately.

Defaulters from the clinic, and known contacts, have been followed up by letter or by letter and visit by the Health Visitor. There has been regular consultation between the Almoner and Miss Bree, the Health Visitor for the City, and Miss Henry the Health Visitor for the County. The health visitors have contributed effectively to the work of the clinic, not only by helping to trace patients, but also by encouraging patients to receive and continue their treatment. In some cases patients have already been known to the health visitors and their knowledge of the family has helped the clinic staff, particularly the Almoner.

The following figures show the age groups of the men attending the clinic:

Age	Total	Married	Single	Separated	Divorced
15—20	18	1	17	—	—
21—25	57	13	43	1	—
26—30	55	21	33	1	—
31—35	38	19	18	1	—
36—45	38	22	14	2	—
46—55	20	16	2	2	—
over 55	10	5	3	2	—

The number of male patients from the City was 128 as compared with 62 from the County and 46 from Berkshire.

The highest percentage of male patients attending the clinic worked in factories as labourers, or in the Services. Each of these groups were found to be represented in equal numbers. These groups represented 53% of the total attendances. Of the remaining 47% the highest percentage was found to be in the skilled and professional classes and the lowest percentage in the shop workers and clerical classes.

With the men as with the women the problem is primarily a social one. A number of the male patients have been seen by the Almoner. In the case of the married men the Almoner has sometimes been able to see both the husband and wife and to help them in working out for themselves some of the problems which have contributed to their attendance at the clinic.

The Almoner has worked mainly with the women patients, and before discussing this in more detail the following figures show the age groups of the women attending the clinic. Of the total number of women attending, it will be seen that 44 were married, 56 single, 1 separated, and 2 widowed.

Age	Total	Married	Single	Separated	Widow
15—20	35	2	33	—	—
21—25	25	10	15	—	—
26—30	17	10	6	1	—
31—35	13	11	1	—	1
36—45	11	10	1	—	—
over 45	2	1	—	—	1

It is not possible to give an accurate picture of the occupations of this group of patients because many were classified as housewives. However it was found that there were almost equal numbers in clerical, domestic and semi-skilled work, while the largest number as previously mentioned were noted as housewives.

The number of women patients from the City was 65 as compared with 29 from the County and 9 from Berkshire.

Next year it is hoped to obtain a more accurate picture of how patients are referred to the clinic. The following totals show the approximate referrals this year.

Pats. attending of their own accord	Refs. from G.P.	From other depts. of the hospital	Contacts
47	29	10	9
Other Hospitals 4	Probation Officer 3	Health Visitors 1	

A small number came on the advice of friends already attending the clinic.

It will be seen from the figures for females shown earlier that the proportion of women attending the clinic in the younger age groups is almost double that in the older age groups. In the age group 18—25 were found a number of young girls with unstable or unbroken homes in the background who have been unable to find a satisfactory place for themselves in the community. The "hard core" of this group is well known in the clinic and from information received from various sources and by knowing those attending the clinic it is possible to keep an eye on this group. There is still a considerable gap between the number known and the number in attendance. From discussion with those attending it appears this is partly the result of fear of what attending hospital might mean and partly because of ignorance. This group also tends to be a "shifting" population and this also makes regular attendance at the hospital difficult.

As mentioned in a previous report the needs of this group appears to be for satisfactory and reasonable lodgings, and it has been suggested that a hostel for single girls where they could be accommodated at a reasonable rate, and from where they can look for work, would be helpful in encouraging them at the stage when they are receptive to help.

The majority of patients are apprehensive and fear what the diagnosis means, also the social ostracism with which Venereal Disease is associated in their minds. By seeing all the patients who attend the clinic for the first time the Almoner hopes to encourage them to receive and continue their treatment. For some patients this is an opportunity for them to be seen regularly by a social worker and for them to be helped in achieving a constructive understanding of some of the personal and social difficulties which have contributed to their attendance at this particular clinic.

The Almoner has been in touch with the parents of some of the girls in the younger age groups. These parents have been found to be in need of help in understanding the particular difficulties of their daughters. It is difficult for the parents to cope with behaviour which they often cannot understand and for which they feel responsible, and by seeing both parents and child it is sometimes possible to help them towards a better understanding of their problems.

Some of these girls are known to the Moral Welfare Worker, or the Probation Officer and there has been co-operation between these workers and the clinic.

All patients need unjudging acceptance and professional understanding when they attend the clinic and the remarks of those who do attend are often expressed in "I never knew it would be so easy", which leads one to believe that they find this understanding in all the workers in the clinic.

The health visitor attached part-time to the Special Clinic has reported that she has made weekly visits to the clinic in order to discuss individual problems. During the year she was asked to visit 17 defaulters and 3 new patients. It was found that many visits were ineffective due, in a number of cases, to the fact that patients had moved without leaving their new address. However, persistence was rewarded in a number of cases and it is known that at least 7 patients did, in fact, attend the clinic as a direct result of these visits. That friendly persistence may eventually produce the desired result is shown by one case where, following ineffective visits over a period of 4 months, the patient at last agreed to go to the clinic if taken there in the health visitor's car.

Table showing the incidence of new cases of Venereal Disease in City Residents from 1938—1956

	Males		Females	
	Syphilis	Gonorrhoea	Syphilis	Gonorrhoea
1938	13	87	15	25
1939	6	44	8	9
1940	30	69	24	14
1941	33	56	33	27
1942	23	34	26	22
1943	22	24	28	34
1944	11	28	15	30
1945	11	24	12	17
1946	23	57	19	15
1947	14	26	25	10
1948	7	36	12	7
1949	8	17	9	2
1950	14	9	9	6
1951	8	10	6	3
1952	7	25	5	8
1953	8	16	3	13
1954	6	21	7	13
1955	6	27	4	25
1956	6	32	8	17

(e) VACCINATION AND IMMUNISATION

1. Vaccination against smallpox

Table showing successful vaccinations during the year:—

Age at date of vaccination	Under 1 year	1 year	2–4 years	5–14 years	15 years and over	Total
Number vaccinated (primary)	868	18	18	22	74	1000
Number re-vaccinated	—	2	19	52	611	684

Of the vaccinations carried out during the year, 322 primary vaccinations and 520 re-vaccinations were performed by general practitioners participating in the Council's scheme under Section 26 of the National Health Service Act 1946.

During the year five attempts were made on one child, four attempts on two children and three attempts on three children without success. Two attempts were also made without success on twenty-five children. These failures appeared to be mainly associated with certain batches of lymph. Storage methods of the lymph in Oxford were therefore carefully overhauled, but no flaw was discovered. Discussions then took place with Dr. Douglas McLean who is responsible for the production of vaccine lymph at the Lister Institute. Dr. McLean explained that in spite of the greatest care it was possible that "tube failures" might have occurred in the suspected batches—i.e. diminution of potency in individual tubes within a batch as the result of overheating during sealing. As the potency of individual tubes cannot be tested it is possible for this error to arise and

remain undetected apart from experience in the field of an unusually high proportion of failures in a certain batch. It is hoped that it may be possible for the Health Department to co-operate with Dr. McLean by recording all the successes and failures in each batch used.

Proportion of babies vaccinated

The number of Oxford babies vaccinated during 1956 while still under one year of age (868) expressed as a percentage of the number of live births registered in the last half of 1955 and the first half of 1956 (Oxford residents) was 61%. Corresponding figures for the last seven years are as follows:—

1949	..	..	44%
1950	..	..	45%
1951	..	..	51%
1952	..	..	57%
1953	..	..	58%
1954	..	..	62%
1955	..	..	62%

It thus appears that the steady increase since vaccination ceased to be "compulsory" has been halted. Nevertheless the local figure still compares favourably with the national acceptance rate (36.4% in 1955).

Vaccination continued to be available at all child welfare clinic sessions. No untoward reactions occurred during the year. As far as is known there has been no case of post-vaccinal encephalitis or of generalized vaccinia following the 11,967 vaccinations—of which 7,638 were primary—carried out in Oxford since 1949 (the first complete year in which the local health authority was responsible for the arrangements.

2. Immunisation against diphtheria and whooping cough

In April 1956 it was decided to introduce triple antigen (diphtheria toxoid, pertussis vaccine and tetanus toxoid) for routine use at all the city clinics instead of P.T.A.P. and pertussis vaccine given separately. The reduction of the number of injections from 5 to 3 was welcomed by everyone concerned. When the new preparation was introduced a revised form of weight-card was brought into use at the clinics. This has spaces for recording all immunising procedures. Parents are encouraged to take care of it so that it can be produced whenever needed—notably when there is a question of prophylaxis of tetanus following an injury. Since April triple antigen has also been used for the booster dose at school entry for children who have had primary courses of protection against diphtheria and pertussis. At the same time the second booster dose at 10 years was dropped.

The primary course of triple antigen is given as soon as possible after three months. An attempt is made to fit in vaccination against smallpox first—namely at ten weeks. If the latter has not been achieved by four months, triple antigen has priority and vaccination is carried out later.

Primary immunisation of school children has been performed with a new combined diphtheria and tetanus antigen kindly provided free of charge by Glaxo Laboratories.

The change in procedure has made precise tabulation of every type of injection too complicated. But the following table sets out the essential points:—

Table showing the number of primary immunisations completed and the number of reinforcing injections given during 1956:—

	Age at date of final injection (as regards A and C) or of reinforcing injection (as regards B)							
	Under 1 yr.	1 year	2 years	3 years	4 years	5–9 years	10–14 years	Total
A. Number of children who completed a full course of primary immunisation:								
(i) P.T.A.P., etc.* ..	458	124	14	9	30	44	4	683
(ii) Triple antigen ..	569	37	5	3	2	1	1	618
Total	1027	161	19	12	32	45	5	1301
B. Number of children who were given a reinforcing injection:								
(i) P.T.A.P. ..	—	—	1	3	30	490	120	644
(ii) Triple antigen ..	—	—	2	12	65	144	3	226
Total	—	—	3	15	95	634	123	870
C. Number of children who completed a full full course of whooping cough immunisation (plain suspended)	341	44	8	3	4	—	—	400

*This includes:—P.T.A.P.
A.P.T.
Combined diphtheria and pertussis prophylactic.
Combined diphtheria and tetanus prophylactic.

Comments

(1) General practitioners gave 252 of the 1,301 primary courses of immunisation against diphtheria (i.e. 19%). They also gave 28 of the 870 reinforcing injections (i.e. 3%). All other injections were given by the staff of the Health Department. This is an indication of the advantage taken by parents of the facility with which the former procedure is available at all child welfare clinic sessions and the latter in relation to routine school medical inspections.

(2) Children receiving a full primary course of immunisation against diphtheria number 1,301, compared with 1,080 in 1955. Those receiving a full course of vaccination against pertussis (either by itself or as the triple preparation) number 1,018, compared with 793 in 1955.

It therefore seems that the introduction of triple antigen has appreci-

ably increased the number of children protected against both diphtheria and pertussis. This is a further reason for satisfaction, in addition to the new basic protection against tetanus which the preparation confers.

(3) It has not been thought necessary to restrict immunisation at any time during the year on the grounds of an increased risk of post-inoculation poliomyelitis, nor was there a case of poliomyelitis in which any immunising procedure appeared to have a relationship to the onset.

(4) The exact proportion of babies immunised against diphtheria is difficult to estimate accurately. But there is a strong indication that the rate remains satisfactory and is not decreasing. The health visitors have studied the records of all children born in 1954 and still on their visiting list at the end of 1956. There were 957 such children, of whom 733 had been immunised. This gives a figure of 77% Comparable figures for the four previous years were as follows:—

1952	..	..	76%
1953	..	..	71%
1954	..	..	75%
1955	..	..	76%

(5) Reactions to plain pertussis vaccine and triple antigen are usually absent or slight. During the year only two children failed to complete the course of these preparations because of reactions. One of these had only one injection of pertussis vaccine because her mother thought it had exacerbated her eczema. The other had only two doses of triple antigen because a febrile convulsion occurred after the second one (followed by complete recovery).

(6) One child who had received a full course of pertussis vaccine two years previously was notified as having pertussis. The attack was mild (M.R.C. grade 3).

3. Vaccination against poliomyelitis

Following the decision of the City Council to participate in the poliomyelitis vaccination scheme sponsored by the Ministry of Health in January 1956, approximately 9,500 explanatory leaflets giving instructions for the registration of children for vaccination were distributed to parents.

A total of 1,724 City children born in the years 1947 to 1954 inclusive were registered. It was known that insufficient vaccine would be available for all registered children, so the necessary selection was made centrally by the Ministry of Health. Those selected were children born in the month of November 1947 to 1954 inclusive and March 1951 to 1954 inclusive (with August 1947 to 1954 as a reserve month). Of these children 176 completed the course of two injections and 3 received one injection. Vaccination took place in May and June, apart from six injections given in December.

No serious reactions occurred, but a few minor upsets were reported.

4. Inoculation of travellers

During the year persons travelling abroad were given inoculations by the staff of the Health Department as follows:—

	Primary immunisation	*Re-immunisation*
T.A.B.	30	13
T.A.B. and anti-cholera combined..	10	2
Anti-cholera	12	6
Anti-typhus	3	—
Tetanus toxoid	14	3

(f) RINGWORM, SCABIES AND PEDICULOSIS

Ringworm of the scalp

No case was discovered during the year. The figures below show the steady decline in this condition during recent years:—

1946..	91
1948..	55
1950..	20
1952..	10
1954..	2
1956..	0

Scabies

The incidence of this condition has undergone little change during the past five years. Treatment is undertaken by one of the nursing assistants, whenever possible in the patients' own home; Donnington Clinic is used if home conditions are inadequate. Every effort is made to treat the whole family on the same day as only in this way can eradication of the infestation be made certain.

	1950	1951	1952	1953	1954	1955	1956
Total number of treatments given (cases and contacts)	67	19	73	56	61	37	36
Total number of families treated	—	—	8	15	17	12	11

The total number of school children treated was 28.

Pediculosis Capitis

During the year, 28,302 personal hygiene inspections were carried out by the school nurses and out of 11,134 children inspected, 294 were

found to have lice or nits in the hair. This gives an incidence of 2.41%, a good deal greater than in recent years, largely because of the more exacting standard now adopted, the presence of one nit qualifying a child for inclusion in the list.

Over one-third of all the cases occurred in children attending 4 particular schools.

SPECIAL REPORT ON SONNE DYSENTERY

BY DR. G. F. WILLSON, M.D., D.P.H.

Deputy Medical Officer of Health

During recent years there has been a sharp rise in the incidence of infection with Shigella sonnei throughout the whole country. The incidence in Oxford, in 1956, was more than double the previous highest (recorded in 1951), 527 cases being notified (541 ascertained). This figure includes symptomless excretors as well as clinical cases. The cases were distributed amongst 237 households. In addition, 219 suspicious cases occurring in 148 households were found to be bacteriologically negative at the time of examination and were not followed further. It is likely that, had these negative cases been examined earlier, or if time and labour had been available to follow up more closely and to press for more repeat specimens, a great many more positives might have come to light.

Investigation at some schools showed that diarrhoea had been occurring amongst the children for several weeks before attention had been drawn to the school by the submission to the laboratory of a positive specimen from one of the children. Although the extent of the outbreak, as judged from official notifications, was obviously underestimated, no fewer than 340 children attending 55 different schools and nursery schools had had infection proved bacteriologically by the end of July.

When a case occurred or was suspected, specimens were obtained from all child contacts in the house and from any adults who were food-handlers or had had symptoms. All infected children were excluded from school until one negative stool had been obtained and infected adult food-handlers were similarly excluded from their work.

A high proportion of those persons declared free from infection on the result of examination of one specimen must have been intermittent excretors and would undoubtedly have been found positive again if further specimens had been examined. An arbitrary limitation in the number of specimens examined is, however, essential if the work involved is to be kept within reasonable bounds, and for this reason, during the Oxford epidemic, a person who had become symptom free and had produced a negative specimen was allowed to resume normal duties.

In all, 2,113 specimens were submitted to the Public Health Laboratory. The accompanying graph (Fig. 1) shows how the investigations, consequent on an increase in the number of notifications being received in any month, result in a much larger number of specimens being sent to the laboratory in the following month.

The epidemic started during the second week of December, 1955, 16 cases being recorded by the end of the year. Two distinct centres were involved—North Oxford (associated mainly with Summertown Mixed and Summertown Infant Schools) and Iffley School. The only fresh cases recorded during the holidays were in home contacts of schoolchildren

Fig. 1.

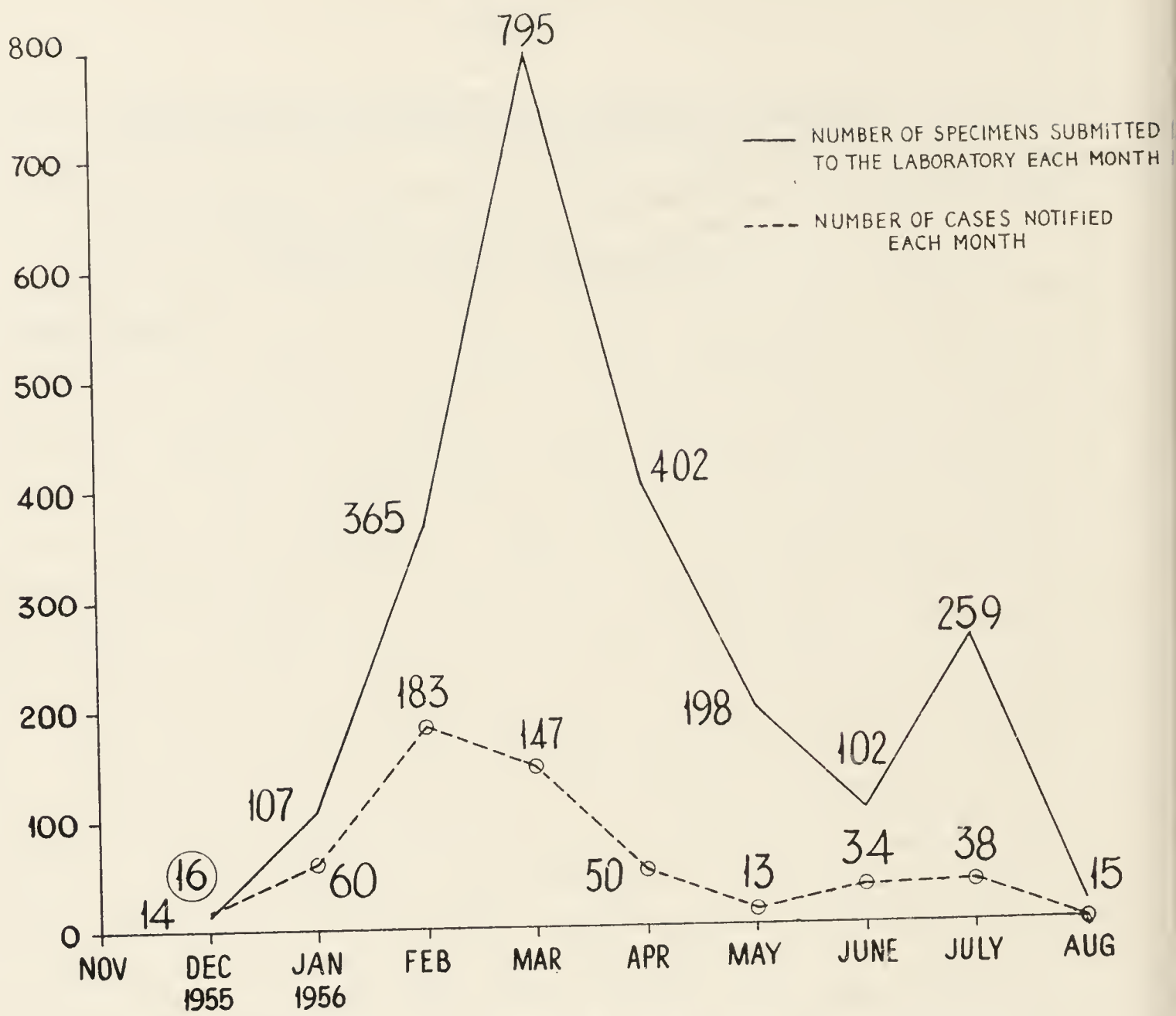
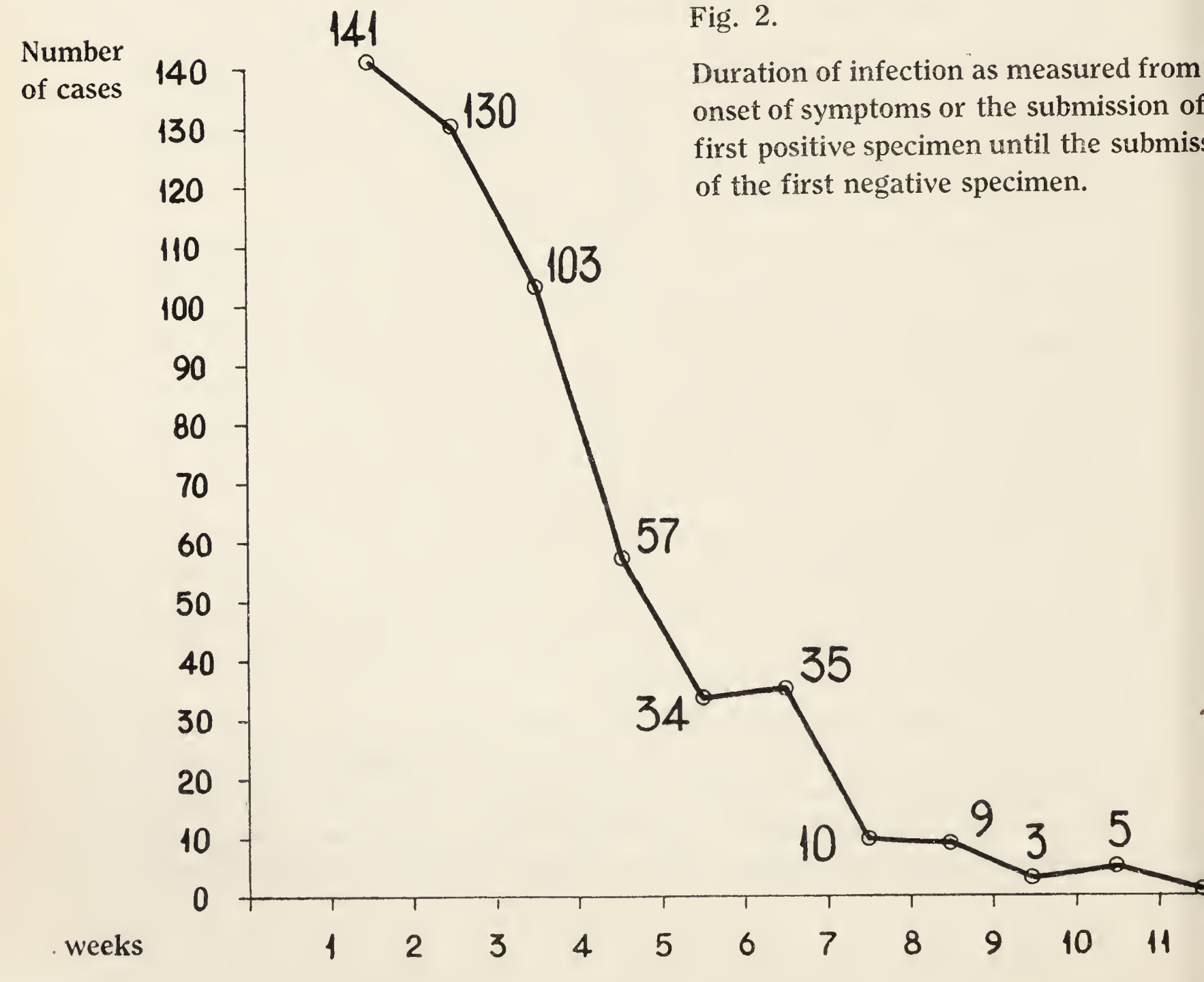


Fig. 2.

Duration of infection as measured from onset of symptoms or the submission of first positive specimen until the submiss of the first negative specimen.



already known to have been infected. Besides there being no opportunity for the passage of infection from child to child via the school water-closet during the holidays, there is also less opportunity for observation of the children, so that mild cases of diarrhoea may occur without medical advice being sought. It is only on the return to school that teachers are able to draw attention to the presence of diarrhoea amongst the children and set the necessary investigations in motion. Thus it was mid-January before fresh infection amongst school-children was brought to light, 36 cases involving 11 different schools being recorded by 4th February. During this period, 17 other cases (i.e. pre-schoolchildren and adults) were discovered. The most concentrated centre of infection at this period was Iffley School, where the majority of the 88 children had diarrhoea at some time or another. Spread of infection at this school was aided by the extremely cold weather as the outside w.c.s froze and all the children had to use the single staff w.c. Similarly, other schools with lavatories detached from the main building suffered from the freeze-up and it was often not found possible to keep more than one w.c. for each sex in working order. Even this meagre accommodation was maintained only by twice daily treatment with a blow lamp or buckets of boiling water. Conditions became particularly foul at St. Christopher's School, South Oxford School and East Oxford Infant School, and undoubtedly aided the spread of infection.

In a small outbreak of infection at Denton House, the short-stay Home run by the Children's Committee, 4 children developed diarrhoea within 12 hours of each other and were admitted to the Slade Hospital. Specimens sent from all other children and staff disclosed that 4 more children were excreting the organism. These were also transferred to the Slade Hospital and no other cases occurred in the Home. Apart from these 8 children, only 4 others were admitted to hospital (on social grounds) during the whole epidemic. 2 adults known to be infected died from other causes, the dysenteric infection not being considered contributory towards death in either case.

The peak of the epidemic was reached in February when 183 fresh cases were discovered. A natural decline in incidence was accelerated by the advent of the Easter holiday and, in May, only 13 fresh cases were recorded. Spread to New Marston C. Primary School in May (hitherto free of infection) was largely responsible for a rise in incidence at the end of the summer term, 72 cases (all ages) being found in June and July. The summer holiday brought the epidemic to an end and, from August until the end of the year, only 6 other apparently unconnected cases were notified.

The only district to remain free from infection, apart from 2 apparently isolated cases at St. Andrew's Junior School in late March, was that served by Barton, Headington and Wood Farm Schools. This forms a compact area separated from the heavily infected schools serving Cowley Road, Iffley Road and St. Clement's by Headington Hill Park

and Southfield Golf Course. Its only connection with New Marston where, in any case, the infection did not become established until the summer, is the slender link provided by Sandfield Road.

Age and Liability to Infection

The most vulnerable age-group was that aged 5—11 years, i.e., children at the primary school, and children of this age ran a 5 to 1 risk of being infected if there was another case in the household.

The fact that 100 families boasted only 1 case each and 54 families only 2 cases is indicative of the small size of the average family and not of lack of infectivity on the part of the dysentery bacillus. Amongst the largest families affected, 11 had 5 cases each, 7 had 6 cases each, 3 had 7 cases, and 1 unfortunate family had 8 of its members infected. For a woman to look after a large family, get the children off to school, care for the baby, prepare meals and, in addition, get the numerous faeces specimens packed and labelled and taken to the laboratory with the appropriate pathological forms provides difficulties in organisation not to be frivolously demanded from anyone. Realising this, it was decided not to bring too much pressure to bear on symptom-free adults if they failed to send specimens, except in the case of food-handlers. 328 persons over the age of 16 submitted specimens and, of these, 113 were excreting Shigella sonnei, i.e. in affected families approximately 1 adult in every 3 investigated was shown to be positive, but this impression of the incidence in adults is unduly high since all those who had had symptoms are included in this group. In addition, 260 family contacts (men predominating) who denied having symptoms at any time, did not send specimens. It seems likely that the majority of these would have been negative. (See Figs. 3 and 4).

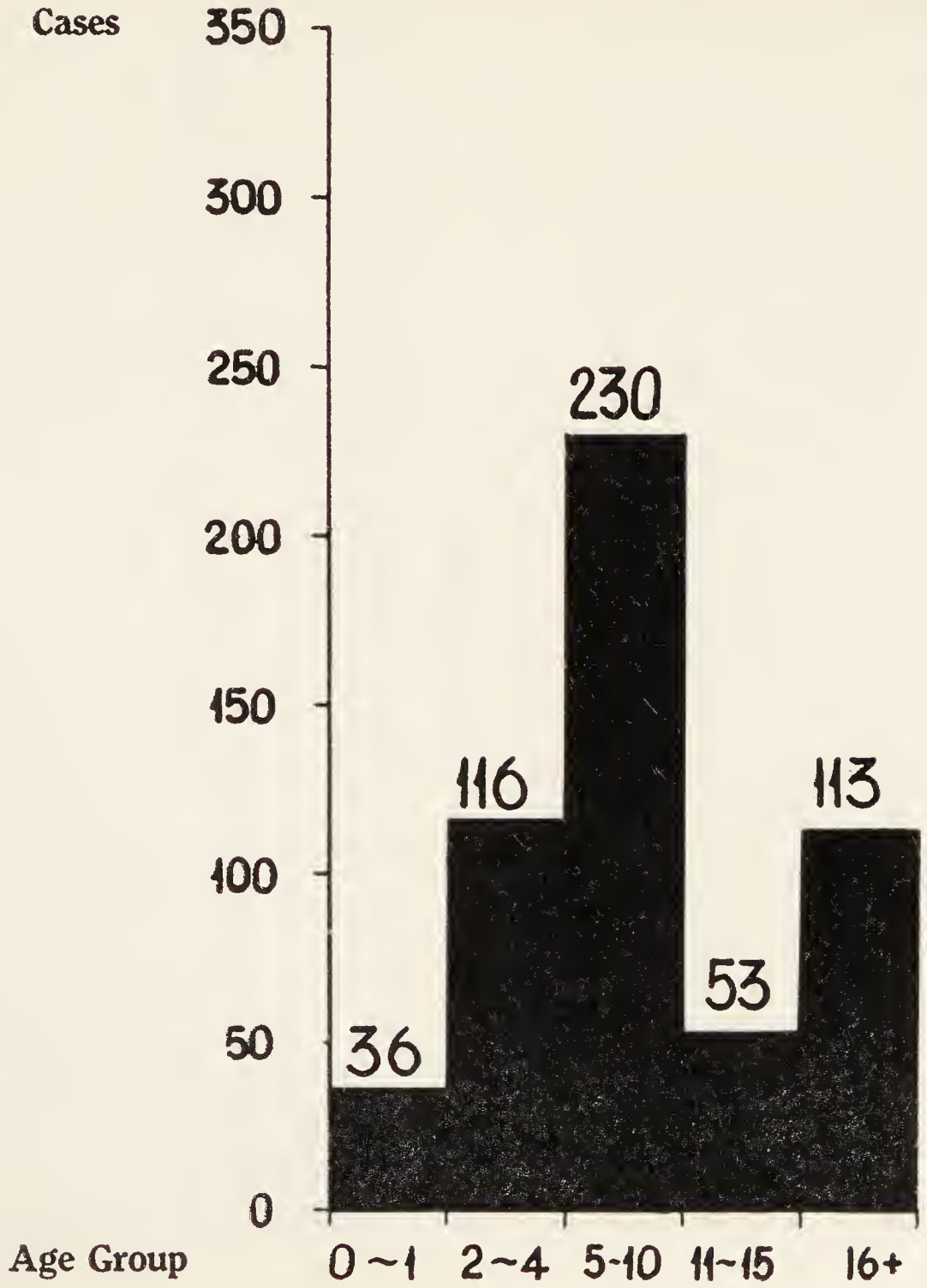
The following table compares the incidence of infection in the different age-groups sampled:—

Age	*Percentage Positive*
0—1	71
2—4	78
5—10	84
11—15	66
16 +	34

(If the 260 symptom-free adults who did not submit specimens had been negative, this figure would be reduced to 19%).

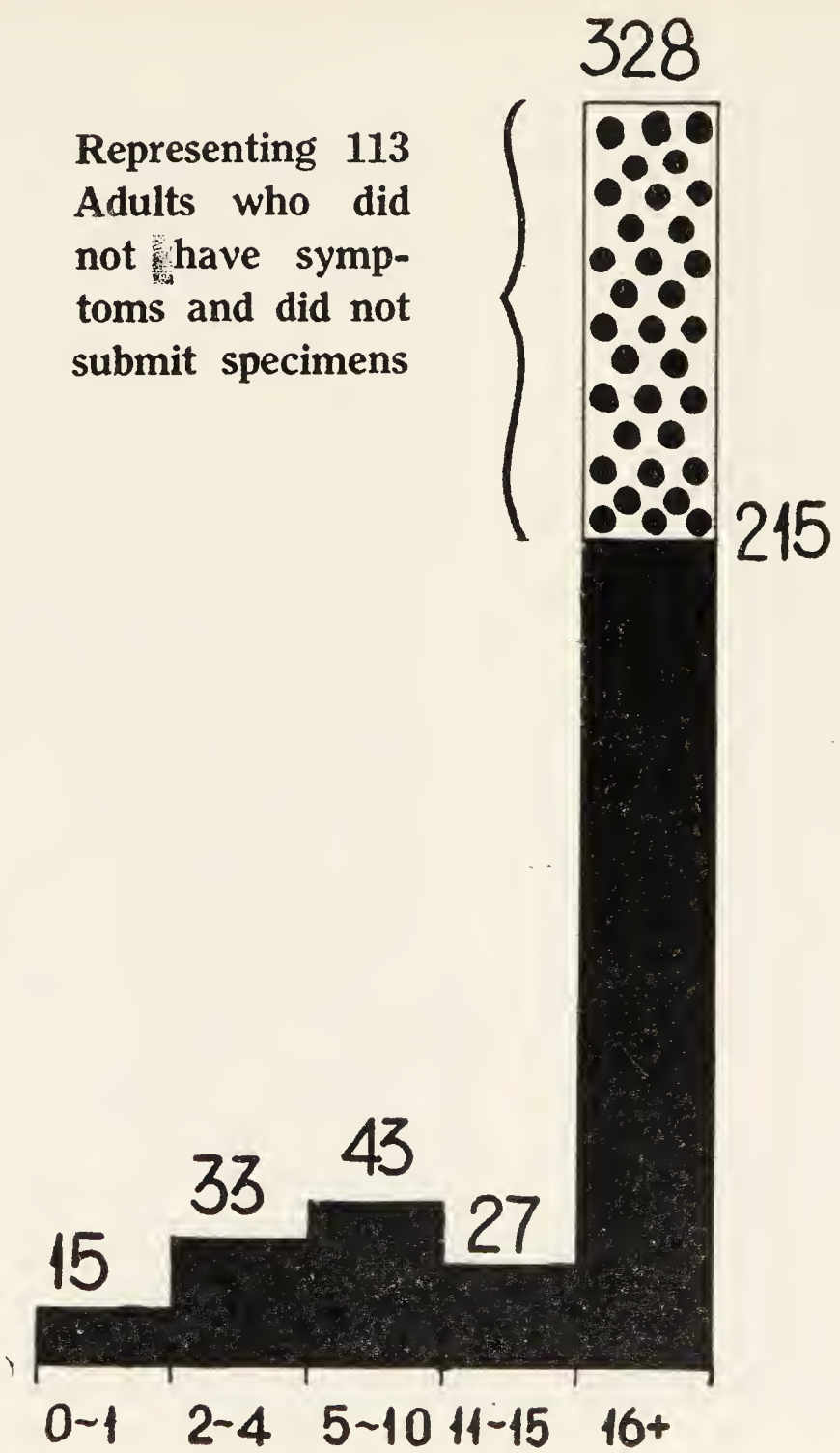
Of children aged 11 to 15, known to have been infected, 9 were attending 7 different independent or grammar schools, 7 were attending 2 secondary modern schools and the remaining 36 were attending secondary schools which, structurally, were intimately associated with junior schools. This suggests that there is little tendency for infection to flourish in senior schools unless there is opportunity for frequent contact with younger children.

Fig. 3



Age range of Cases

Fig. 4



Age range of Negative family contacts

Primary schools alone accounted for 282 cases (i.e. if nursery, senior, and independent schools are excluded). In 27 of the 35 primary schools concerned, the facilities for hand-washing are not adjacent to the toilet accommodation. In such cases, a journey from toilet to the wash-basin, involving, as it does, the manipulation of several door-handles *en route*, can only serve to disseminate infection and, in fact, seems likely to have done so in this epidemic.

Duration of Infectivity

The graph (Fig. 2) shows the length of time between the onset of symptoms and the obtaining of the first negative stool. Almost 70% of cases had produced a negative specimen within 4 weeks. 21 cases (4% of the total) were still positive after 8 weeks, 3 cases were positive after 12 weeks, and 1 case was still positive after 18 weeks. 15 cases were, for various reasons, not followed to the end. The fact that periods of longer than a week may have elapsed between the submission of consecutive specimens of stools may have lengthened the period of apparent infectivity in some instances but this is probably more than offset by the fact that a single negative stool was being taken to indicate loss of infectivity.

Infection amongst adults

113 adults were proved positive out of the 237 households affected. All except 18 of the affected adults had positive child contacts at home. The remaining 18 appeared to be the sole cases in their respective households. Of this 18, 2 were close contacts of other families which had infected children, i.e. the latter were frequent visitors, 1 was a worker in the Public Health Laboratory and had had contact with infective material, 3 were teachers at schools where there was infection, and 1 was a general medical practitioner. This leaves only 11 adults whose connection with infected children could not be traced. None of these adults appeared to be responsible for infecting anyone else.

Extent and Duration of Infection in Schools

The following table shows the amount of infection experienced by the different schools and indicated by the notifications ascribed to each of them:—

No. of cases	*No of schools*	
0—5	35	(From 13 schools only 1 case was notified).
6—10	6	
11—15	10	
16—20	1	
21—25	1	
26—30	2	

The periods over which fresh cases were appearing in the different schools were as follows:—

(*a*) Onset of cases spread over 0—4 weeks: 26 schools (inc. 13 single cases of infection)

(*b*) Onset of cases spread over 5—9 weeks: 17 schools

(*c*) ,, ,, ,, ,, 10—14 ,, 6 ,,

(*d*) ,, ,, ,, ,, 15—19 ,, 2 ,,

(*e*) ,, ,, ,, ,, 20—24 ,, 3 ,,

(In 1 of these it appears unlikely that infection was continuously present).

Thus, in four-fifths of all the schools, no fresh cases came to light 2 months after the first case had been reported and, in over two-thirds of the schools the total number of proved cases of infection was less than 10. For reasons already explained, however, the latter figure is considered likely to have been a gross underestimate.

Duration of Post-infective Immunity

It was hoped that the occurrence of a dysentery epidemic 2 years running at Botley Road Day Nursery might throw some light on the value of a previous attack in conferring immunity. In both years, specimens were taken from all the children in attendance at the time of the outbreak. In May, 1955, 15 children out of 23 were found to have positive stools whilst, in March 1956, 13 children out of 24 were found to be infected.

It was noteworthy amongst all the children found to be infected this year that the symptoms were far milder than they were the previous year. Unfortunately, only 8 children were attending the nursery at the time of both epidemics. Half of this number were infected in the 1956 epidemic, which is the same rate as that experienced by the other 16 children who had been at the nursery for less than a year. Of these 8 children, 3 were infected in both epidemics, 2 were attacked in 1955 but not in 1956, 1 who apparently escaped in 1955 was infected in 1956, and 2 children remained free of infection in both years. These small numbers therefore suggest that any protection conferred by an attack must be either slight or fleeting.

The disease, for the most part, was very mild and of nuisance value only. Cases were admitted to the Slade Hospital mainly on social grounds or because the patient had been found to be infected when admitted to the Radcliffe Infirmary for some other complaint. The clinical impression was that, on the whole, the youngest children (the under 5s) tended to suffer the most, whereas the older children often did not have symptoms for more than 24 hours. The amount of work involved in the Health Department and in the Public Health Laboratory in tracking down cases, the disorganisation caused in the affected families by having children at home from school for long periods, and the amount of school time lost by

affected children and their contacts seemed out of all proportion to the seriousness of the disease.

During an epidemic, the number of proved cases of dysentery are probably outnumbered by sub-clinical cases, missed cases and clinical cases found to be bacteriologically negative at the time of examination. In this event it appears a futile gesture to flood the bacteriological laboratory with innumerable specimens of faeces or to keep fit children at home for weeks at a time until they have ceased to carry the infecting organism. In future, once the diagnosis has been established, it is intended to rely more on clinical criteria in deciding when affected children can return to school. Since the dissemination of infection is thought to occur mainly when diarrhoea is present, bacteriological clearance will no longer be required, and cases will be allowed to return to school at the discretion of their own doctors if there has been cessation of diarrhoea for one week. Home contacts who attend nursery schools will be excluded but older children at ordinary schools may continue to attend provided they keep well. Head Teachers can help in the control of this disease by reporting cases of diarrhoea promptly to the School Health Department, by encouraging children to wash their hands after use of the toilet, and by arranging for lavatory seats, chain handles, and door handles to be disinfected frequently when dysentery is known to be prevalent in the district.

SECTION V

MATERNITY AND CHILD WELFARE

REPORT BY DR. MARY FISHER,
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Senior Assistant Medical Officer for Maternity and Child Welfare

A. MATERNITY
(including domiciliary midwifery)

I. Midwives practising in the area

Number of midwives practising at the end of the year in the area of the Local Supervising Authority:—

(*a*) Domiciliary midwives employed by the Local Health Authority	6
(*b*) Midwives in hospital practice, employed by the Board of Governors of the United Oxford Hospitals	32
(*c*) Midwives in private practice, employed in a nursing home	3
	41

II. The Domiciliary Midwifery Service

1. General arrangements

All the domiciliary midwifery is carried out by full-time midwives employed by the City Council. A car allowance on an essential user basis is provided for the supervisor and all the midwives.

The problem of suitable accommodation for domiciliary midwives arose when the appointment was made early in the year of a midwife who had been working in hospital. It was necessary for her to buy a car for her work so it would have been impossible for her to afford to furnish a flat as well. The City Council therefore decided to supply a furnished flat to be shared by two midwives. This arrangement has proved very satisfactory.

2. Antenatal care for domiciliary cases

Every mother booked for domiciliary delivery by a city midwife also books with a general practitioner under the Maternity Medical

Service. Antenatal care is carried out by both doctor and midwife, between whom there is the closest co-operation. Mothers booked for delivery at home are selected with great care as to their suitability.

A few mothers still prefer to attend one of the city antenatal clinics for their routine care; but they invariably book with a general practitioner as well, seeing him at 36 weeks with a full report from the clinic.

From time to time articles appear in the medical press pointing out that avoidable cases of congenital syphilis still arise owing to failure to carry out routine blood tests in pregnancy. Similarly it has been shown that deaths and brain-damage resulting from haemolytic disease of the newborn are far more frequent than they would be if all cases were predicted antenatally and expertly treated. On both of these counts mothers delivered at home are found to be the chief sufferers. This need not be so if it is recognized that routine antenatal blood-testing is an essential part of antenatal care in all cases. These routine tests are as follows:—

(1) Wassermann and Kahn (in every pregnancy).

(2) Blood group.

(3) Test for Rh factor.

(4) Antibody tests in all Rh-negative women (other than primiparae) or women with a history of a blood transfusion. These tests are performed on the first sample and if negative, they are repeated at 34—36 weeks.

(5) Haemoglobin estimations—usually repeated near term to ensure that the level is high. It is found that with the widespread administration of iron Hb levels of over 90% (and often over 100%) are achieved at term in nearly every case.

During 1956 a record was kept of the number of domiciliary cases in which blood tests were in fact carried out. Of the 436 city mothers delivered at home, routine tests were carried out in 431 cases. The reasons for the 5 failures were recorded as follows:—

Emergency unbooked cases..	3*
County mother, moved into City for confinement at last moment	1
Not considered necessary by general practitioner..	1
	5

*Two of these had tests after delivery.

The tests may be carried out at the pathological laboratory at the Radcliffe, or the blood samples may be collected at a city antenatal clinic. This latter facility is still being used by general practitioners with increas-

ing frequency, as shown by the following figures:—

1952	134
1953	224
1954	271
1955	326
1956	352

In addition the supervisor of midwives took samples in the mother's home on 26 occasions during 1956 at the request of a general practitioner.

At the end of the year 9 general practitioners were holding a total of 7 regular weekly antenatal and postnatal sessions at their surgeries. These are attended either by a midwife or a pupil. The arrangement is an excellent one from every point of view, but it would be impossible to extend it much further as far as the attendance of the midwifery staff is concerned—their other commitments are too great. Up to date, however, it has not been necessary to refuse any general practitioner who has requested this co-operation.

An improved system of midwives' records was introduced during the year. Formerly the midwife kept her antenatal record with her, while the medical certificate for fitness for gas and air analgesia (with results of blood tests) was in the mother's possession. The record of labour was a third separate document. The three documents are now incorporated in one, which is kept in the mother's house during pregnancy and the lying-in period. She takes it to her doctor for the gas and air certificate and results of blood-tests to be filled in at 36 weeks, and on other occasions if he wishes. The record is always available during labour; this is particularly useful if a relief midwife or doctor deals with the case. It can also accompany mother or baby if either has to be admitted to hospital.

3. Maternity Medical Service bookings

The distribution of bookings under the Maternity Medical Service among doctors in practice in the city was as follows:—

20—25 cases	4 doctors.
10—19 cases	18 doctors.
5—9 cases	10 doctors.
1—4 cases	13 doctors.

(This omits 2 cases booked by doctors whose practices are mainly outside the city boundary).

4. Details of the work of the individual midwives during the year.

	Doctor present at delivery	Doctor not present at delivery	Mis-carriages	Total	Antenatal Visits	Nursing Visits	Postnatal Visits (i.e. after the 14th day)	Total Visits
†Midwife A. (East Oxford and Marston)	8	70	—	78	833	1563	53	2449
Midwife B. (Headington)	5	60	—	65	586	1340	9	1935
‡Midwife C. (Cowley)	6	52	—	58	586	1213	24	1823
Midwife D. (South and West Oxford) (from 1.1.56 to 30.6.56)	5	46	1	52	435	956	5	1395
(Cowley from 1.7.56)	4	27	—	31	510	693	4	1208
Midwife E. (Summertown, Wolvercote and Northway)	12	51	—	63	870	1329	31	2230
Midwife F. (North and Central Oxford)	13	53	1	67	782	1349	22	2153
‖Midwife G.(South and West Oxford) ...	4	23	1	28	472	381	15	868
Totals	57	382*	3	442	5074	8824	163	14,061

* This figure includes 2 deliveries of County patients at Headington.

† Appointed 6.2.56.
‡ Resigned 31.7.56.
‖ Appointed 1 7.56.

5. Details of domiciliary deliveries during 1956

	Doctor present at delivery		Doctor not present at delivery	
	Primiparae	Multiparae	Primiparae	Multiparae
Total cases	26	31	50	329
Live births	25	31	50	328
Still-births	1	—	—	2
Twins	—	—	—	1
Death of baby at home ..	—	—	1	—
Forceps delivery	4	2	—	—
Emergency obstetric service	1	—	—	4
Baby transferred to hospital by "premature baby flying squad"	—	—	—	2
Baby transferred to hospital other than by "flying squad"	—	1	—	3
Mother and baby transferred to hospital ..	—	—	—	2
Anaesthesia and analgesia:				
(*a*) Pethidine	21	14	40	154
(*b*) Gas-and-air ..	23	28	46	313
(*c*) Trilene	2	3	—	—
(*d*) Anæsthetics ...	1	—	—	—
Antenatal care:				
(*a*) General practitioner and midwife... ...	26	31	37	260
(*b*) Clinic and general practitioner	—	—	12	69
(*c*) None (emergencies)	—	—	1	—
Feeding at 14 days:				
(*a*) Breast entirely ..	23	23	39	280
(*b*) Breast and bottle ..	1	3	2	18
(*c*) Bottle entirely ..	1	5	8	29

(Deliveries of 2 County patients are not included in this table).

Comments on the work of the midwives and on the details of domiciliary deliveries.

1. The total number of deliveries has remained almost the same as in 1955 (439 compared with 442).

2. The antenatal visits have increased by 238 in comparison with 1955. This works out at about 11.5 visits to each mother, which is well above the minimum standard laid down in the Ministry of Health's circular on antenatal care of May 1956.

3. Doctors were present at only 13% of deliveries, and there is no sign that this proportion is increasing.

4. The forceps rate was again very low, namely 1.3%.

5. There were 3 stillbirths compared with 7 stillbirths in 1955.

6. It can be calculated from these figures that 85% of babies born at home were fully breast fed at 14 days. This is probably a bit above the national figure for babies born at home (82.4% in 1955) and substantially above the national figure for babies discharged at varying times after birth in institutions (76% in 1955).

6. Patients booked for domiciliary delivery but transferred to hospital during labour

Despite thorough antenatal care, it is inevitable that occasional abnormalities will occasionally arise, necessitating emergency admission to hospital during labour. This happened on 8 occasions during 1956 compared with 13 in 1955. The nature of the abnormality and the end result are shown in the following table:—

Abnormality	*End result*		*No. of cases*
	Mother	*Baby*	
Antepartum haemorrhage	Normal delivery	Normal	1
Premature labour	Normal delivery	Normal	1
Breech presentation	Normal breech delivery	Normal	1
Prolapsed cord	Normal delivery	Normal	1
Delay in 1st stage	Face delivery	Normal	1
	Forceps delivery	Normal	1
	Normal delivery	Stillbirth (spina bifida)	1
Delay in 2nd stage	Caesarian section	Stillbirth (hydrocephalus)	1
			8

7. Administration of pethidine

Pethidine was given in 194 cases in which the midwife was acting on her own responsibility (i.e. 51% of cases). Corresponding figures for the last five years are as follows:—

1951	27%
1952	48%
1953	52%
1954	56%
1955	54%

8. Gas and air analgesia

Gas and air analgesia is made readily available for every mother who wishes to have it. Instruction in its use is always given in the antenatal period unless the mother is already familiar with it and confident in it.

During the year 95% of mothers received it. In the 20 cases in which it was not given investigation by the supervisor of midwives showed the reason to be as follows:—

Baby born before arrival of midwife	9
Rapid delivery, no time	4
Refused by mother	6
No certificate	1
	20

The administration of gas and air, together with pethidine and other sedatives as required, has proved so satisfactory that it has not been considered necessary to equip the midwives with trilene.

9. Perinatal deaths in connection with domiciliary midwifery

There is still some confusion as to the meaning of this term. The Ministry of Health Circular on antenatal care of May 1956 defines it as the still-birth plus neonatal mortality rates, whereas the annual report of the chief medical officer of the Ministry for 1955 defines it as the combination of stillbirths with deaths during the first week of life per 1,000 total births. Using the latter definition, it is of interest to record the perinatal deaths occurring in the domiciliary midwifery service and to try and assess their avoidability. In order to make the picture complete it is necessary to include the following three categories:—

(1) Deaths at home (3 stillbirths and 1 death).

(2) Deaths of babies born to mothers admitted to hospital as an emergency in labour (2 stillbirths).

(3) Deaths of babies admitted to hospital after delivery at home (1 death).

There were thus 7 perinatal deaths associated with the domiciliary midwifery service, or an *overall rate of* 16.0 *per* 1,000. This compares very favourably with the *national rate of about* 38 *per* 1,000, which has remained virtually unchanged since 1948.

Details of these 7 deaths, with notes as to their possible avoidability, are as follows:—

(1) Deaths at home.

A. *Stillbirths.*

(i and ii) *Mother aged* 37. Fourth pregnancy. Dates very vague. Antenatal care by doctor and midwife; no abnormality detected. Very rapid delivery of premature stillborn twins—midwife not summoned till birth had occurred. At postmortem estimated period of gestation was 29 weeks, babies weighing 3 lbs. and 2 lbs. 13 oz.

Conclusion. Unavoidable. Even if twins had been diagnosed and hospital delivery arranged, mother would not have had time to get there.

(iii) *Mother aged* 32. First pregnancy. Antenatal care by doctor and midwife. Developed very slight hypertension in last few days of pregnancy (B.P. 150/90, no albumen). Patient in bed and sedated, with daily visits. No deterioration. Foetal distress observed during normal labour five days before expected date. Postmortem showed death was due to intrauterine anoxia of no apparent cause.

Conclusion. Probably unavoidable, but it is just possible that baby might have been saved if labour had been induced and/or an emergency caesarian section performed when foetal distress developed. But this must remain speculative.

B. *Neonatal death.*

(i) *Mother aged* 35. First pregnancy. Antenatal care by doctor and midwife. Normal delivery of baby weighing $4\frac{3}{4}$ lbs. two weeks before due. Baby made good progress; no abnormality suspected. Found dead by mother on 4th day. Postmortem showed death due to intracranial haemorrhage and prematurity.

Conclusion. Probably unavoidable. Might possibly have been averted if "synkavit" had been given. This was not done because baby only two weeks premature and in very good condition at birth. (All premature babies now have routine "synkavit".)

(2) Deaths of babies born to mothers admitted to hospital as an emergency in labour.

A. *Stillbirths.*

(i) Mother admitted for delay in first stage. Normal delivery of stillborn baby with spina bifida.

Conclusion. Unavoidable.

(ii) Mother admitted for delay in second stage. Caesarian section. Stillborn hydrocephalic infant.

Conclusion. Unavoidable.

(3) Deaths of babies admitted to hospital after delivery at home.

(i) *Mother aged* 35. Second pregnancy. Antenatal care by doctor and midwife. Normal pregnancy. Very rapid spontaneous delivery. Baby in poor condition; admitted to hospital at once. Died suddenly aged 16 hours, after initial good response to oxygen. Postmorten showed bilateral atelectasis of lower lobes.

Conclusion. Probably unavoidable. Intragastric oxygen might possibly have helped, but this is unlikely in view of what happened in hospital. (Arrangements have now been made to instruct and equip all midwives for the use of intragastric oxygen in 1957.)

10. Emergency obstetric service

This service, whose ready availability is essential for the safe conduct of domiciliary midwifery, operates from the Nuffield Maternity Home. It was called out to patients in the city on 10 occasions during 1956 and every mother made a good recovery.

Details of the cases were as follows:—

	Domiciliary	*Private Maternity Home*
Retained placenta and postpartum haemorrhage	1	1
Postpartum haemorrhage	3	1
Secondary postpartum haemorrhage	1	—
Antepartum haemorrhage	1	—
Miscarriage	2	—
	8	2

11. Notifications by midwives to the Local Supervising Authority

Despite the close partnership between doctor and midwife in the care of mothers delivered at home, the midwife is still obliged by the rules of the Central Midwives' Board to fill in a "medical aid form" when she needs the help of a doctor in cases where he is not present at delivery.

This occurred on 188 occasions during the year, and the reasons were as follows:—

(*a*) *Mother*

Abdominal pain	2
Adherent placenta	1
Antepartum haemorrhage	3
Breech presenting	2
Cord presenting	1
Delay in first stage	4
Delay in second stage	2
Episiotomy	6
Face presentation	3
Foetal heart not heard	1
Miscarriage	3
Painful breast	1
Pain in chest	1
Painful leg	4
Pain in side	1
Persistent diarrhoea	1
Postpartum haemorrhage	9
Premature labour	2
Premature rupture of membranes	2
Profuse lochia	1

Prolonged labour	1
Pyrexia	21
Raised blood pressure	1
Raised pulse rate	2
Rigor	1
Ruptured perineum	76
Secondary postpartum haemorrhage	3
Threatened miscarriage	2
Urinary infection	1
	158

(*b*) *Baby*

Asphyxia	2
Congenital abnormalities	1
Discharging eyes	12
Jaundiced baby	2
Mastitis	1
Prematurity	3
Poor condition at birth	1
Thrush	3
Sick baby	5
	30

Artificial feeding

Total notifications received	299
Bottle in place of breast:—	
Institutions	105
Domiciliary midwives	37
Bottle in addition to breast:—	
Institutions	125
Domiciliary midwives	32

12. Care of mothers discharged from hospital during the puerperium

Mothers are discharged home to the care of the domiciliary midwife before the 10th day only in exceptional circumstances. During the year this occurred in 61 instances (compared with 71 in 1955, 49 in 1954 and 42 in 1953).

The reasons were as follows:—

Originally booked by midwife, but admitted to hospital for delivery	24

To relieve pressure on beds (usually 8th or 9th day)	12
Compassionate grounds (baby died or stillborn)	20
Mother discharged herself against medical advice ..	5
	61

13. Postnatal care

Every effort is made to persuade mothers to go to the doctor providing maternity medical service for a postnatal examination. If this has not been achieved by three months after delivery (the statutory limit for inclusion of the examination under the maternity medical service) an attempt is made to persuade the mother to come to an antenatal clinic.

With the co-operation of the health visitors a record is kept of the postnatal care of domiciliary cases. At the end of March 1957 the position was as follows:—

Total deliveries in 1956	436
Postnatal examinations carried out	348
Postnatal examinations not carried out	74
Unknown—left Oxford	14

Of the mothers in whom the result is known (albeit only according to their own statements), 80% had received a postnatal examination. This is much the same as in the two preceding years and can be regarded as fairly satisfactory. In view of the fact that much gynaecological trouble results from inadequate postnatal care and treatment, nothing short of 100% (with inspection of the cervix in every case) can be regarded as entirely satisfactory.

14. Training school for midwives

Part II pupil midwives from the Churchill Hospital continued to receive their three months' training with the domiciliary midwives, five of whom are approved to act as teachers by the Central Midwives' Board. The pupils live in the hostel at 82/84 Abingdon Road, which is in charge of the supervisor of midwives. In addition to their practical work on the district they attend antenatal and child welfare clinics for instruction. During the year 31 pupils were admitted. The C.M.B. Part II examination was taken by 23 pupils. Of these 22 passed at the first attempt and 1 at the second attempt. Pupils attended 349 deliveries on the district during the year (included in the table of deliveries attended by domiciliary midwives).

15. Training of medical students in domiciliary midwifery

Medical students from the Radcliffe attended 43 domiciliary deliveries during the year, compared with 24 in 1955.

16. Postgraduate education of midwives

One midwife went to a postgraduate course organized by the Royal College of Midwives for midwives engaged in teaching. All the midwives also attend lectures arranged by the local branch of the College. Apart from these activities they are constantly stimulated and kept up to date with current ideas by the medical students and pupil midwives whom they teach.

III. Institutional Maternity Accommodation

Accommodation was provided in the main by the maternity department of the Radcliffe Infirmary (now called the Nuffield Maternity Home) and by the Churchill Hospital maternity department. Births during the past seven years have been distributed as follows:—

Registered births of Oxford residents occurring in Oxford

	1950	1951	1952	1953	1954	1955	1956
Hospital deliveries	837 (56%)	843 (57%)	850 (57%)	895 (60%)	857 (61%)	860 (63%)	866 (63%)
Private Nursing Home deliveries	110 (7%)	129 (9%)	102 (7%)	89 (5%)	67 (5%)	73 (5%)	65 (5%)
Domiciliary deliveries ...	565 (37%)	511 (34%)	533 (36%)	519 (35%)	475 (34%)	436 (32%)	436 (32%)

The number of visits paid by domiciliary midwives in order to assess the suitability of home conditions for a normal delivery has decreased markedly in the last few years, as shown by the following figures:—

1950	427
1951	320
1952	357
1953	274
1954	228
1955	209
1956	193

The decrease in the number of investigations carried out reflects the ease with which mothers can now obtain hospital beds, sometimes without any selection apart from their wish to be delivered in hospital.

The following table shows the source from which these patients were referred in 1956 and the results of the investigations:—

Source from which patient referred	Nuffield Maternity Department	Churchill Maternity Department	General practitioners	Total
	35	3	155	193
Recommended for hospital delivery	22	1	88	111
Home confinements arranged	12	2	63	77
Patients made arrangements with private nursing home	—	—	2	2
Miscarried	1	—	1	2
Unable to trace ..	—	—	1	1
	35	3	155	193

Home confinements were arranged in 35% of the cases compared with 37% in 1955, 44% in 1954 and 31% in 1953.

IV. Notifiable infectious diseases associated with childbirth

(1) Ophthalmia neonatorum

During the year 64 cases were notified; all occurred in institutional confinements.

(2) Puerperal pyrexia

Of the 116 cases notified during the year, 3 occurred in domiciliary confinements and 113 in institutional.

(3) Pemphigus neonatorum

No case of pemphigus neonatorum was notified during the year.

V. City Antenatal Clinics

The fall in the attendances at antenatal clinics has continued,though the average attendance per session is only slightly less than in 1955 (when there were 4 clinics for most of the year). The table shown below does not include 11 postnatal attendances, nor 352 attendances made solely for the purpose of blood tests. If these are included the average attendance per session was 7.6.

Attendances at the City antenatal clinics 1956

Clinic	First attendances	Re-attendances	Total attendances	No. of sessions	Average attendances
Headington	37	278	315	51	6.18
East Oxford	26	202	228	51	4.47
St. Aldate's	33	233	266	52	5.11
Totals	96	713	809	154	5.25
1955 totals	118	935	1153	198	5.82

VI. Maternal deaths

No maternal death occurred during the year.

VII. Birth Control

The City Council continues to hold a weekly clinic, for patients in need of advice on medical grounds, at the Radcliffe Infirmary.

During 1956 there were 62 new patients and 332 re-attendances.

Medical indications in new patients

Pulmonary tuberculosis	4
Tuberculous husband	3
Poor health associated with frequent pregnancies	24
Psychological conditions	11
Rhesus incompatibility	4
Epilepsy	1
Repeated toxaemia of pregnancy	2
Repeated postpartum haemorrhage	1
Repeated Caesarian section	1
Repeated miscarriages	1
Repeated subarachnoid haemorrhage	1
Recent Caesarian section	1
Recent difficult labour	1
Recent operation for incomplete miscarriage	1
Uterine prolapse	1
Ill husband	2
Enlarged kidney	1
Hereditary fatal illness of children	1
Duodenal ulcer	1
	62

Source of new patients

General practitioners	15
City antenatal clinics	2
Child welfare clinics	6
Health visitors	22
Midwives	5
Chest clinic	5
Radcliffe Infirmary	1
Nuffield Maternity Home	3
Churchill maternity department	2
Littlemore Hospital	1
	62

Results (i.e. condition when last seen in 1956, grouped according to year of first attendance).

First attended in:—	1935—1947	1948	1949	1950	1951	1952	1953	1954	1955	1956	Total
1. Not pregnant, method satisfactory	22	4	8	7	13	14	14	16	29	56	183*
2. Pregnant:—											
(*a*) Admitted failure to follow instructions	—	—	1	—	2	3	—	6	6	1	19
(*b*) Claimed to have followed instructions	—	—	—	—	—	—	—	—	—	—	—
3. Not pregnant but discharged:—											
(*a*) Failure to attend regularly ..	—	1	—	—	—	1	1	—	1	—	4
(*b*) No longer medical grounds for advice	1	—	—	1	1	1	—	1	1	—	6
(*c*) Personal reasons	—	—	1	—	—	—	—	1	—	1	3
(*d*) Menopause ..	1	—	2	—	—	—	—	—	—	—	3
4. Left district, not pregnant when last seen ..	—	—	—	—	—	1	3	3	2	3	12
5. Pregnant on first attendance ..	—	—	—	—	—	—	—	—	—	1	1

* This does not include 49 further patients (attending in 1956 and finding the method satisfactory) who are not recorded here because they have had one or more pregnancies since their original attendance.

Comments

It is satisfactory to record that no unexplained pregnancy occurred during the year.

B. CHILD WELFARE

I. Premature Babies

During 1956 there were 77 live births of babies weighing $5\frac{1}{2}$ lbs. and under and 17 stillbirths. The table on the opposite page shows their weights, place of birth and survival.

Comments

(i) The 77 live-born premature babies represent 5.7% of the 1,345 registered live-births to Oxford residents occurring in the city. This is appreciably below the national level, which was 6.9% in both 1954 and 1955.

(ii) Of the total of 22 registered stillbirths to Oxford residents occurring in the city, 17 were premature.

(iii) The figures show that the policy has again been followed of arranging that as many as possible of the premature births should take

Weight at birth	PREMATURE LIVE BIRTHS												PREMATURE STILL-BIRTHS		
	Born in hospital			Born and nursed entirely at home			Born at home and transferred to hospital on or before 28th day			Born in nursing home and nursed entirely there					
	Total	Died within 24 hrs. of birth	Survived 28 days	Total	Died within 24 hrs. of birth	Survived 28 days	Total	Died within 24 hrs. of birth	Survived 28 days	Total	Died within 24 hrs. of birth	Survived 28 days	Born in hospital	Born at home	Born in Nursing Home
3 lb. 4 oz. or less	7	1	6	—	—	—	2	1	1	—	—	—	5	—	—
3 lb. 5 oz.— 4 lb. 6 oz.	12	1	8	—	—	—	2	1	1	—	—	—	7	2	—
4 lb. 7 oz.— 4 lb. 15 oz	12	2	9	2	—	1	1	—	—	—	—	—	—	—	—
5 lb.— 5 lb. 8 oz.	28	2	25	9	—	9	1	—	1	1	—	1	3	—	—
Totals	59	6	48	11	—	10	6	2	3	1	—	1	15	2	—

place in hospital. Only 17 of the 77 took place at home. Of these, 10 of the 11 nursed at home survived 28 days, while 3 of the 6 admitted to hospital survived 28 days.

(iv) Of the whole group of 77 premature babies, 62 (or 80.5%) survived 28 days.

(v) After-care of premature babies receives special attention by the paediatric department and the Health Department, working in the closest co-operation. A concerted and successful effort is made to prevent the nutritional anaemia of premature babies which is so liable to lead to illness and even (by reducing resistance to infection) to death.

II. Child Welfare Clinics

(*a*) *Staff.*

Each clinic is staffed by a medical officer, one or two health visitors and a number of voluntary workers.

The medical staff is composed as follows:—

Full-time staff of the Health Department	16 sessions per week
Part-time staff of the Health Department*	4 sessions per week

* These 4 sessions are carried out by 3 doctors (none of them general practitioners) who have had special experience with children.

(*b*) The table shows the attendances at clinics during the year. An attendance is recorded only if a child comes for advice and/or weighing. Thus attendances merely for obtaining National Welfare Foods are excluded.

Compared with 1955 the total attendances decreased by 1,524 and the average attendances per session by 1.76. These decreases were to be expected in view of the introduction of triple antigen in April—involving the reduction of attendances for immunisation from 5 to 3 for each child.

The fact that the clinics are appreciated is shown by the number of city children under 1 year who attended for the first time during the year. These equalled 87.26% of the live-births. Figures for the three preceding years were as follows:—

1953	88.53%
1954	91.29%
1955	88.67%

Attendances at Child Welfare Clinics.

	No. of children who first attended and at their first attendance were under 1 year	Number of children who attended and who were born in			Total No. of children who attended during the year	Number of attendances made by children who at their first attendance were			Total attendances	Number of sessions	Average attendances
		1956	1955	1954–51		Under 1 yr	1 but under 2 yrs	2 but under 5 yrs			
Bury Knowle, Headington (2 clinics weekly)	180	172	145	206	523	2913	416	636	3965	103	38.50
Barton	53	46	42	9	97	918	193	116	1227	51	24.06
Cowley	76	68	69	96	233	1160	208	107	1475	51	28.92
East Oxford (2 clinics weekly)	164	142	151	104	397	2514	342	211	3067	100	30.67
New Hinksey	44	38	50	61	149	921	321	126	1368	51	26.82
St. Aldate's (2 clinics weekly	105	98	87	101	286	1399	369	220	1988	100	19.88
Summertown	102	87	71	92	250	1286	173	144	1603	51	31.43
Slade Park	101	90	92	160	342	1583	274	315	2172	51	42.59
New Marston (2 clinics weekly)	121	118	115	179	412	2159	464	308	2931	103	28.46
Wolvercote	53	42	32	35	109	760	198	128	1086	52	20.88
Donnington (2 clinics weekly)	128	116	124	183	423	1919	452	371	2742	103	26.62
Y.M.C.A. Walton Street (2 clinics weekly) .. .. (Moved to G.F.S. Hall, Woodstock Road, November 1956)	133	128	119	144	391	1989	396	299	2684	100	26.84
North Way	45	43	38	109	190	710	131	138	979	52	18.83
Rose Hill Community Centre (opened October 1956) ...	4	10	5	7	22	59	12	20	91	10	9.10
	1309	1198	1140	1486	3824	20,290	3949	3139	27,378	978	27.97

The following figures indicate the number of attendances made by children (included in the above table) who live in the County but attend the New Marston and Slade Park clinics by arrangement with the Oxfordshire County Council.

69	69	86	101	256	1300	263	139	1702	

(*c*) Medical work at the clinics

The medical officers at the child welfare clinics continued to keep a record of their work. There were 978 sessions at which a doctor was present and altogether individual children were seen by a doctor on 12,119 occasions.

The following table gives a summary of the reasons for which a child was seen by a doctor:—

Vaccination against smallpox (performance or follow-up)	1762	43%
Diphtheria, pertussis and tetanus immunisation	1850	
Diphtheria immunisation (plain)	1076	
Pertussis immunisation (plain)	1034	
Routine medical inspection—		
first	1252	24%
subsequent	1903	
Consultation in relation to a problem	2868	33%
Follow-up of medical inspection or consultation	1598	

(An individual consultation may figure in more than one category; for example a child may come for a routine birthday examination and be immunised at the same time).

The routine medical inspections brought to light a number of conditions not already receiving attention but requiring either treatment or further observation. They were classified as follows:—

	First inspection (usually in early) weeks of life	*Subsequent inspection* (usually at 1st, 2nd, 3rd and 4th birthday)
Nutritional and dietetic ..	203	24
Eyes	48	28
Ear, nose and throat	16	23
Umbilical	107	2
Genital organs	20	22
Pallor	18	23
Orthopaedic	6	79
Skin	78	60
Miscellaneous	78	123
	574	384

The following table gives a summary of the nature of the problems about which the mother originally sought advice from the doctor or paid a follow-up visit:—

	Consultation	*Follow-up of inspection or consultation*
Feeding problems and gastro-intestinal conditions (including failure to gain weight)	646	515
Mental and psychological	70	42
Eyes	190	126
Ears	108	29
Respiratory system	400	104
Mouth	77	62
Pallor	136	149
Sleep	142	123
Skin	448	212
Orthopaedic	117	81
Genital organs	75	36
Umbilicus	44	103
Prematurity	4	25
Trauma	80	8
? Fit for prophylactic procedure	221	15
Mother's health	122	17
Miscellaneous	230	82
	3110	1729

The following table shows the number of children who were referred elsewhere for treatment:—

Family doctor	152
*Orthopaedic department	1
*Eye hospital	17
*Other hospital departments	17
	187

* In these cases the family doctor is always informed both about the referral and the consultant's findings.

Comments

No striking trends can be observed in the study of these figures over the past few years. The proportion of consultations for immunisation procedures has naturally fallen slightly owing to the change of prophylactic material.

It is regrettable that the attendances for routine subsequent or "birthday" examinations numbered only 1,903 compared with 2,172 in 1955. These examinations should be 3—4 times as many as the first routine examinations; or expressed differently, the first routine examina-

tions should be only 20—25% of the total routine examinations. This is still far from being the case, as shown by the following figures:—

	1st routine examinations	*Total routine examinations*	*1st examinations expressed as a percentage of total examinations*
1950	1287	2903	44%
1951	1262	2492	50%
1952	1344	3153	42%
1953	1266	2855	44%
1954	1318	3123	42%
1955	1350	3522	38%
1956	1252	3155	40%

Tuberculin jelly testing

Throughout the year routine jelly testing was carried out at each birthday examination (except in children who are known contacts of tuberculosis). Positive reactions were found in 0.12% of the children tested. The very small proportion both in 1955 and 1956 probably reflects the decreasing incidence of pulmonary tuberculosis in the population. Figures from 1951 when routine testing was started, are as follows:—

1951	0.54%
1952	0.32%
1953	0.45%
1954	0.54%
1955	0.10%

The following table shows the tests performed during the year:—

	Under 1 year	1 year	2 years	3 years	4 years	Total
Negative reaction ..	79	618	496	317	209	1719
Positive reaction ..	1	—	1	—	—	2
Totals	80	618	497	317	209	1721

Notes on positive reactors

Both positive reactions were confirmed by a positive 1/1,000 Mantoux test before the child was referred to the Chest Clinic. No "false positive" jelly tests were recorded.

Case 1. *Girl aged just under* 1 *year.* Child X-rayed; no lesion found. Parents and two brothers also X-rayed and no lesion found. Brothers both tuberculin negative; given B.C.G. Source of infection thought to be great-uncle in contact with child when 5 weeks old. Later he was picked up as a case of pulmonary tuberculosis in South Wales, having been unwell for some years.

Case 2. *Boy aged* 2 *years* 1 *month.* Jelly test had been negative a year previously. X-rayed; no lesion found. Parents and uncle and

aunt all X-rayed. Uncle found to have a small "soft" lesion and was given chemotherapy. He was probable source of infection and was discovered as direct result of child's positive tuberculin reaction.

(*d*) Foods and medicaments

National Welfare Foods are distributed during office hours at a central distribution centre at the Health Department as well as at every child welfare clinic session and at the voluntary Mothercraft Clinic. In general this arrangement has proved very satisfactory, but some inconvenience was unfortunately caused to the public on the Saturdays during the Easter and Christmas week-ends, when all municipal offices were closed, while shops were open. This meant that some mothers were unable to obtain National Dried Milk which they needed. Steps will be taken in future to avoid this difficulty.

We are extremely fortunate in having the services of voluntary workers who carry out the exacting task of distribution at all the clinics.

The number of items of Welfare Foods distributed during the year (with the 1955 figures for comparison) was as follows:—

	At Health Department		At Clinics		Total	
	1955	1956	1955	1956	1955	1956
Tins of National Dried Milk	19,529	22,687	29,578	32,087	49,107	54,774
Bottles of National Cod-liver Oil Compound...	3,929	3,613	10,218	8,702	14,147	12,315
Bottles of Concentrated Orange Juice ...	30,206	33,258	59,448	61,663	89,654	94,921
Packets of Vitamin and Mineral tablets ...	2,926	3,010	3,369	3,591	6,295	6,601
	56,590	62,568	102,613	106,043	159,203	168,611

(These figures do not include items issued to hospitals or other institutions.)

The table shows that there has been a considerable increase in the total items issued in 1956 as compared with 1955. It is interesting that dried milk, orange juice and vitamin tablets have all increased, whereas codliver oil has decreased. It may well be that there is growing realization that it is unnecessary for babies receiving dried milk fortified with vitamin D to have codliver oil in the early months of life.

It will be noted that both in 1955 and 1956 rather more than half the items have been issued at child welfare clinics.

No proprietory dried milk or other food is stocked at the clinics, but a small range of minor medicaments is kept for issue to mothers when necessary. This includes a vitamin A and D concentrate (for babies under

the age of two years who cannot take National Codliver Oil Compound and who are not having a dried milk fortified with vitamin D), and an iron preparation for the prevention and treatment of nutritional anaemia.

(*e*) **Teaching of medical students**

Medical students from the Radcliffe Infirmary, during their six months' training in obstetrics and gynaecology, each attend four sessions at child welfare clinics in order to receive instruction in child care, infant feeding and the various prophylactic procedures. The visits are preceded by two lectures on infant feeding by the Senior Assistant Medical Officer for Maternity and Child Welfare.

(*f*) **Exchange of medical staff with the paediatric department**

The arrangement whereby a paediatric registrar or tutor acted as medical officer to a child welfare clinic ceased in April 1956, because it was found that urgent hospital duties sometimes prevented punctual attendance. The reciprocal attendance of one of the assistant medical officers at a paediatric clinic ceased at the same time.

Any assistant medical officer who is free attends the postgraduate paediatric ward-round at the Radcliffe Infirmary on Saturday mornings. This provides a most valuable opportunity for keeping abreast with current paediatric practice.

(*g*) **Case conferences at the Child Guidance Clinic; Lectures and case conferences at the Warneford**

The arrangement whereby both a departmental medical officer and a health visitor attend, in rotation, case conferences at the child guidance clinic continued throughout the year. In addition the health visitors now supply (in person or in writing) information about the home background of children attending the clinic for the first time. The departmental medical officers were also privileged to attend weekly lectures or case conferences held at the Warneford Hospital. This increasing liaison with the psychiatric service is of great value to the members of the department.

III. The early ascertainment of Handicapped Children

In last year's report the arrangement for keeping a register of potentially handicapped babies was described. It may therefore be of interest to record the nature of the handicaps reported in this way, together with the fate of the children. From the inception of the scheme in June 1954 until the end of December 1956, a total of 54 babies were registered from information supplied by the health visitors.

The nature of the handicap is shown in the following list:—

Congenital heart defect	5
Congenital heart defect and deafness	1
? Congenital heart	1
Congenital cataracts	1

Deafness	1
Deformity of femurs and cleft palate	1
Fibrocystic disease of pancreas	2
General retardation	5
Hemiplegia	2
Hydrocephaly	1
Hydrocephaly and meningocele	1
Hydronephrosis	2
Hyperkinetic epileptic psychosis	1
? Kernicterus	1
Mental retardation. ? blind (glycogen storage disease)	1
Mental retardation with congenital dislocation of hip	1
Mental retardation with mild hyperkinesia	1
Mental retardation with hemiplegia	1
Microcephaly	2
Mongol	2
Mongol and congenital heart	3
? Mongol	1
Paralysis of leg following poliomyelitis	1
Renal acidosis	1
Retarded speech	2
Severe mental retardation	7
Spastic	2
Spastic and congenital defect of oesophagus	1
Spastic with mental retardation and deafness	1
Spina bifida	1
Spina bifida occulta with neurogenic bladder dysfunction	1
	54

At the end of the year 9 of the children had died and 6 had moved out of the city.

The position in relation to the remaining 39 was as follows:—

Mental deficiency institution	2
Residential school for the deaf	1
Day-school for educationally subnormal children	1
Infant school	2
Nursery school	2
Occupation centre	1
Open air school	1
Convalescent home	1
Satisfactory care at home	28
	39

IV. Accidental poisoning

We are indebted to Dr. Clay, paediatric registrar at the Radcliffe, for details of children admitted to hospital during the year for suspected accidental poisoning. Eighteen Oxford children were admitted to the Radcliffe, one to the Churchill Hospital and one to the Slade Hospital—four more than in 1955. In addition to those admitted, fourteen others were seen in the Casualty Department and allowed to go home. Details of the cases are given below. The list of substances ingested suggests that most parents are careful about keeping tablets and medicines out of children's reach. But it is clear that more trouble must be taken to see that medicaments for external application, cleaning materials etc. must be kept out of reach of the enterprising "toddler". The list demonstrates that attractive colour and taste are not important factors in attracting children to swallow dangerous substances.

(*a*) *Admitted to hospital.*

Case	*Sex*		*Age*	*Substance*
1.	M		2½ yrs.	Aspirin
2.	F		2 yrs.	Aspirin
3.	F		2 yrs.	Aspirin
4.	M		1¼ yrs.	Turpentine
5.	M		2 yrs.	"Kill Pain"
6.	M		1½ yrs.	Paint
7.	F		2 yrs.	Polish
8.	M		3 yrs.	Aspirin
9.	M		5 yrs.	Deadly nightshade
10.	M	siblings	2 yrs.	Paraffin
11.	F	siblings	3 yrs.	Paraffin
12.	F		5 yrs.	Wart charmer
13.	F		4 yrs.	Aspirin
14.	F		1¾ yrs.	Aspirin
15.	M		2 yrs.	"Parazone" (bleach)
16.	F		2¼ yrs.	Aspirin
17.	M		11 mths.	Calamine lotion
18.	M		1¼ yrs.	Moth ball
19.	M		2 yrs.	Lead paint
20.	M		2½ yrs.	Turpentine

(*b*) *Seen in Casualty department and discharged home*

Case	*Sex*	*Age*	*Substance*
1.	F	1½ yrs.	Nasal and eye drops
2.	F	2 yrs.	"Kwells"
3.	F	2 yrs.	S.V.C. pessaries
4.	F	3 yrs.	? Swallowed berries

5.}	M	$2\frac{1}{4}$ yrs.	"Famlax"
6.}	M	$2\frac{1}{4}$ yrs.	"Famlax"
brothers			
7.	M	2 yrs.	Match heads
8.	M	3 yrs.	? Swallowed "neophryn" spray.
9.	F	$2\frac{1}{2}$ yrs.	? "Ibcol"
10.	M	2 yrs.	Permanganate of potash
11.	M	$2\frac{1}{2}$ yrs.	Moth balls.
12.	M	$3\frac{1}{2}$ yrs.	Moth balls.
13.	M	1 yr.	Mercurochrome.
14.	M	$1\frac{1}{2}$ yrs.	"Fergon".

V. Infant Deaths in 1956

CAUSES OF DEATH	WEEKS				Total	MONTHS				Grand Total	Died in Institutions
	0–1	1–	2–	3–4		1–	3–	6–	9–12		
1. Prematurity ...	3	—	—	—	3	—	—	—	—	3	3
2. Prematurity and intrauterine anoxia	1	—	—	—	1	—	—	—	—	1	1
3. Prematurity and birth injury ...	3	—	—	—	3	—	—	—	—	3	2
4. Prematurity and atelectasis	2	—	—	—	2	—	—	—	—	2	2
5. Prematurity and pneumonia ...	—	1	—	—	1	—	—	—	—	1	—
6. Pneumonia ...	—	—	—	—	—	2	—	—	—	2	—
7. Atelectasis ...	3	—	—	—	3	—	—	—	—	3	3
8. Birth injury ...	2	—	—	—	2	—	—	—	—	2	2
9. Congenital malformations	3	1	—	—	4	1	1	—	—	6	6
10. Fibrocystic disease of pancreas ...	—	—	—	—	—	—	—	—	1	1	1
11. Asphyxia ...	—	—	—	—	—	1	—	1	—	2	—
12. Neuroblastoma ...	—	—	—	—	—	1	—	—	—	1	1
13. Second degree burns (infanticide) ...	1	—	—	—	1	—	—	—	—	1	1
	18	2	—	—	20	5	—	2	1	28	22

Comments

Of the 28 deaths, "accidents of birth" (comprising prematurity, atelectasis, birth injury and congenital malformations) accounted for as many as 22.

Of the remaining six deaths, fulminating pneumonia accounted for two, asphyxia of unknown cause for two, while one baby died of a rare malignant disease. The remaining case was a tragic infanticide committed by a young girl whose pregnancy was unknown either to her own family or to any medical or social service.

VI. Nurseries

(a) Day nurseries

The two day nurseries continued to admit children who cannot be

cared for adequately by their mothers owing to some special hardship.

Details of the attendances and staffing during the year are given in the following table:—

	No. of places available at end of year	No. of admissions during year		No. on register at end of year		Average daily attendance		Number of staff at end of year
		Under 2 yrs.	Over 2 yrs.	Under 2 yrs.	Over 2 yrs.	Under 2 yrs.	Over 2 yrs.	
Botley Road	30	32	10	17	13	9.62	8.0	4
Florence Park	30	27	3	15	9	11.77	6.42	4

Reasons for admission of new children during 1956 were as follows:—

	Botley Road	*Florence Park*
Bad housing conditions	9	1
Illegitimate children	11	12
Parents separated or mother widowed ..	4	7
Illness of mother	11	9
Doctor's recommendation	7	1
	42	30

The full cost of a child's maintenance at the nursery was 9/- per day. Parents were assessed according to their income subject to a minimum charge of 9*d*. per day.

The following table shows the assessments for children on the register at 31st December, 1956.

Assessed to pay:—	*Botley Road*	*Florence Park*
9/- per day (full amount)	7	2
4/6 to 2/6 per day	6	6
2/5 to 1/- per day	7	4
9*d*. per day (minimum)	10	12
	30	24

Both nurseries act as training schools for the National Nursery Examination Board Certificate.

One student completed the two-year training course in December 1956 and was successful in gaining the National Nursery Examination Board Certificate. One student entered the course commencing in January 1956.

(b) Nurseries and Child Minders Regulation Act 1948

Details of registration under this Act are shown in the following table:—

	Number registered at 31.12.56	Number of children provided for
Premises	5	116
Daily Minders ..	2	24

(c) Red Cross Creche

The creche, staffed by the British Red Cross Society, continued to operate on one afternoon a week at the Alexandra Court clinic.

Thirty-five children, ranging in age from 3 months to 4 years were on the register during the year.

VII. Care of Illegitimate Children

Since there is general agreement that illegitimate children are liable to some degree of handicap in comparison with those born in wedlock, it is regrettable to have to report that in 1956 there were 128 illegitimate registered live-births to Oxford residents, compared with 106 in 1955. In 1956 this represents 9% of the total Oxford live-births, compared with a national figure of 4.6%. The reasons for the relatively high local figure are difficult to assess. The presence in Oxford of two maternity hospitals does not explain it, because the allocation of the birth by the Registrar General is made to the Local Authority of the mother's normal residence. Nor does the presence of a mother and baby hostel in the city appear to affect the matter, because in no case was the address of the hostel registered as the residence of a mother sent by another Authority.

Study of the registrations shows that of the 96 births which occurred in the city there were 34 cases where the father and mother registered the birth together. This is usually evidence that the parents are cohabiting, and it certainly indicates that the father is taking some responsibility and interest in the child. There are undoubtedly other cases in which the parents are cohabiting, but their exact number is not known.

The problem appears to be one for the whole community, but the Health Department has a special duty of ensuring the welfare of illegitimate babies. This it attempts to do in two important ways; firstly by maintaining a mother and baby hostel for unmarried mothers who are homeless; and secondly by the provision of a special social worker to help the mothers of illegitimate babies.

(a) Mother and baby hostel

This hostel accommodates mothers who become homeless in pregnancy; also mothers and babies after delivery until a decision is reached as to the best plan for the baby's future. The mothers are delivered in one of the maternity hospitals. During their stay at the hostel they can go out to work—usually part-time—leaving the baby in the care of the trained staff. Mothers from other Local Health Authorities are accepted if the Authority pays the full cost. Occasionally married women with young babies are admitted if they are homeless.

The hostel enables the babies to make a good start in life, often with breast feeding. The mothers are responsible for their babies' care, under supervision, except when they are out at work.

Although the mothers admitted are the less promising ones from the point of view of keeping their babies—insofar as they usually have no family to stand by them—it is satisfactory that a considerable proportion ultimately leave the hostel with their babies with every prospect of keeping them and caring for them. Of the city mothers discharged in 1956 this was so in 15 out of 22 cases.

Admissions and discharges during the year (excluding the annexe) were as follows:—

	Admissions	*Discharges*
Mothers	27	30
Babies	23	24

The average length of stay was as follows:—

Antenatal	6 weeks
Postnatal	12½ weeks.

The disposal of the 22 mothers with illegitimate babies discharged during the year was as follows:—

Discharged with every prospect of keeping baby and giving it adequate care (i.e. own home, resident post, marriage etc.) ..	15
Mother to lodgings—baby the Children's Home	1
Mother to sister's home—twin babies to Children's Home.. ..	1
Mother to sister's home—baby for adoption	1
Mother to domestic post—baby for adoption	2
Mother to lodgings—baby to foster home	1
Mother absconded—baby taken into care by Children's Department	1

(b) Provision of special social worker

The City Council pays an annual grant to the Oxford City Moral Welfare Association (increased from £150 to £225 in April 1956) for the services of their moral welfare worker, who works in close co-operation with the Health Department and attends the monthly meetings of the

House Committee which administers the hostel. We are grateful for the following report submitted by the worker, Miss C. Holman, for 1956:—

"In considering the work of the past year one cannot help being aware of the variety of it. Moral welfare work has less clearly defined boundaries than some other kinds of social work and for this reason one needs to be 'ready for anything'.

Inevitably in one's first year a proportion of time must be given to getting to know people—this has in my case included many other social workers, public health officers, clergy and teachers. Equally inevitable was the time spent poring over a street map!

During 1956, 101 people were referred for help and advice. Of these 81 were illegitimately pregnant. Twelve needed help and advice in behaviour problems of children and young people and 8 were family problems of varying kinds. Seventy-eight clients referred in previous years were still being helped.

Of the 81 new pregnancy cases, 8 girls were 16 years old or less. Seventy-seven of the 81 were single women, 3 married and 1 divorced. Sixty-three had homes in the city and the other 18, though living and working in Oxford, had homes elsewhere.

Forty have either been resident in a Mother and Baby Home or are awaiting admission later in pregnancy. Some have gone to the City Mother and Baby Hostel and others to Moral Welfare Homes away from the neighbourhood, where they have paid the full cost of their stay. Six married before confinement and the remainder were able to stay with their parents and friends.

The home background of these young women varied greatly and they are by no means always from the group sometimes described as 'under-privileged'. Whenever possible I have sought to get to know the parents of the girl. Some appear to be over-permissive and clearly have not been unduly concerned at the behaviour which led to their daughter's pregnancy, though professing considerable shock when pregnancy occurred. Other parents showed strongly punitive reactions and gave the impression that they saw the pregnancy as a reflection upon their parental care. Some showed 'possessive' attitudes, and the daughter's pregnancy was likely to be the result of her strong need to prove her adulthood.

Educational background and attainment varied from those who had been assessed as educationally subnormal to those with university background.

Much time has been given to work with the men involved in the illegitimacy cases. Of the 81 new cases, in 31 I was successful in contacting the man and discussing the situation with him. In many of these, casework was continued over many months. In 24 cases payments were made by the man towards the cost of the confinement or the maintenance of the child. Others will be due for payments in 1957. In 18 cases the girl named the man concerned but was not willing to give her permission for me to get in touch with him. In 5 cases where she gave permission I was

unable to find him. In 11 cases his whereabouts were unknown to the girl, and in 5 cases he was known to have left the country. In 4 cases there was evidence that the girl had been promiscuous. In 11 cases referred late in the year the outcome is not yet clear. In 19 cases the man was alleged to be a United States Serviceman. Some mothers took out affiliation orders, but most preferred to settle by private agreement and in these cases all payments are made through this office.

Though the majority of expectant mothers plan adoption many of them later decide to keep their baby. A number of these have been able to return home with the baby, and the accommodation in the city day nurseries has been of enormous assistance. Some have been glad to stay at the City Mother and Baby Hostel and go out to daily work. Some have been in need of additional financial help and 'Boarding out Grants' have been obtained from Dr. Barnardo's Homes and the Church of England Children's Society and administered from this office. This was part of the work undertaken by Miss Newhouse until her resignation. These duties may seem unspectacular, but much stabilizing influence can be given when regular visits and interviews are made, and I know that the wisdom and kindness of Miss Newhouse was appreciated by many families.

The remaining 20 cases were extremely varied and included girls believed to be in moral danger, illegitimate children who because of changed family circumstances had become insecure, and marriages where because of actual or suspected infidelity the harmony of the home had been seriously disturbed, often reflecting upon the behaviour of the children.

Student nurses were addressed on moral welfare work, and talks on personal relationships given to girls of school-leaving age, girls in a youth club and a variety of women's organisations. More opportunities are sought to extend this aspect of the work to groups of boys and young men.

A number of clients have been referred to their parish priests and some have eventually been prepared for confirmation. There is no doubt that some families far from being defeated by the sort of problems which bring them to our notice find eventually through these same problems a greater unity, a stronger bond of affection, and the true meaning of forgiveness."

SECTION VI

MATERNITY AND CHILD WELFARE DENTAL SERVICE

Report by C. H. I. Millar, B.Sc., L.D.S.,
Principal Dental Officer

The depleted staff of the dental service has endeavoured, once again, to maintain satisfactory facilities for treatment of expectant and nursing mothers and children under the age of five years. Though these facilities inevitably were limited by the number of dentists on the staff, it should be said that no one of these priority groups needing dental treatment and desiring to be treated at the clinics was unable to receive it. No doubt many patients referred to the clinics for a dental inspection by medical officers, midwives and health visitors, preferred to visit private dentists, by whom they are accorded equal priority under the National Health Service.

The high proportion of fillings to extractions (nearly 2 : 1) for the small children is an encouraging feature of the statistical return.

(a) Numbers provided with dental care

	Examined	Needing treatment	Treated	Made dentally fit
Expectant and nursing mothers	26	26	26	11
Children under five ...	94	70	70	26

(b) Forms of dental treatment provided

	Extractions	General anaesthetics	Fillings	No. of inlays	No. of crowns	Scalings gum treatment	Silver nitrate treatment	Radiographs	Dentures	
									Complete	Partial
Expectant and nursing mothers	58	—	25	—	—	7	—	—	3	8
Children under five	48	12	87	—	—	—	88	—	—	—

SECTION VII

MENTAL HEALTH

Report by G. F. Willson, M.D., D.P.H.,
Deputy Medical Officer of Health

1. Administration

(a) Constitution of the Mental Health Sub-Committee of the Health Committee, which meets monthly, consists of 8 members of Council and 2 co-opted members.

(b) Staff

(i) *Medical*

The Medical Officer of Health has delegated to his Deputy the day-to-day supervision of the Section, and the Deputy Medical Officer of Health attends the meetings of the Mental Health Sub-Committee.

(ii) *Non-medical*

1 Senior Mental Health Officer (male) full-time;
2 Mental Health Officers (1 male, 1 female) full-time;
1 Clerical Assistant (female) full-time.

These officers undertake social and community care for both mental defectives and mental patients. A rota of duty has been arranged so that one mental health officer is always available to deal with emergencies. There is an arrangement for mutual help between mental health officers of the City and County of Oxford to cover such factors as holidays and illness.

(c) Co-ordination with Hospitals

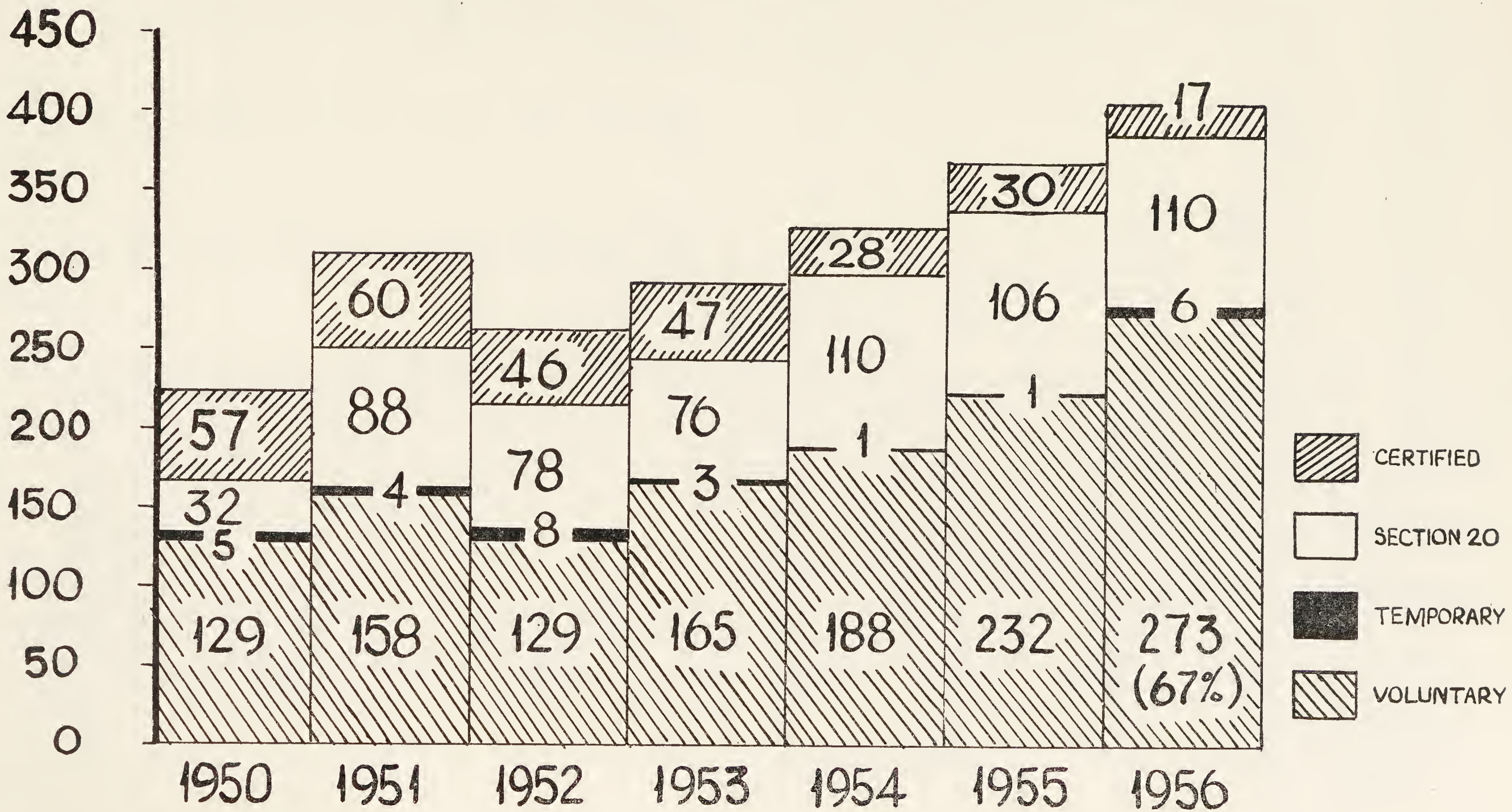
The Littlemore and Warneford and Park Hospitals Management Committees each have two members of the Mental Health Services Sub-Committee amongst their members. The Deputy Medical Officer of Health is a member of the Littlemore Hospital Management Committee and the Medical Officer of Health has recently become a member of the Warneford and Park Hospitals Management Committee.

One of the mental health officers attends weekly case conferences at the Warneford Hospital and another attends case conferences at Borocourt Mental Deficiency Hospital whenever Oxford City cases are being discussed there. Arrangements have now been made for all the mental health officers to attend regularly at clinics and case conferences held at the Warneford Hospital.

(d) Duties delegated to Voluntary Associations

No duty of the local health authority has been delegated to voluntary associations.

Total Admissions of persons to Mental Hospitals classified by type on admission.



The City Council continues to make a grant to the Oxford Voluntary Association for Mental Health and has also made a grant to the National Association for Mental Health.

(e) Training of Mental Health Workers

2 mental health officers attended a conference on Health Education in Mental Health arranged by the Central Council for Health Education. 1 mental health officer attended a conference arranged by the National Association for Mental Health.

2. Account of work undertaken in the Community

A. Under Section 28, National Health Service Act, 1946.

Prevention, care and after care.

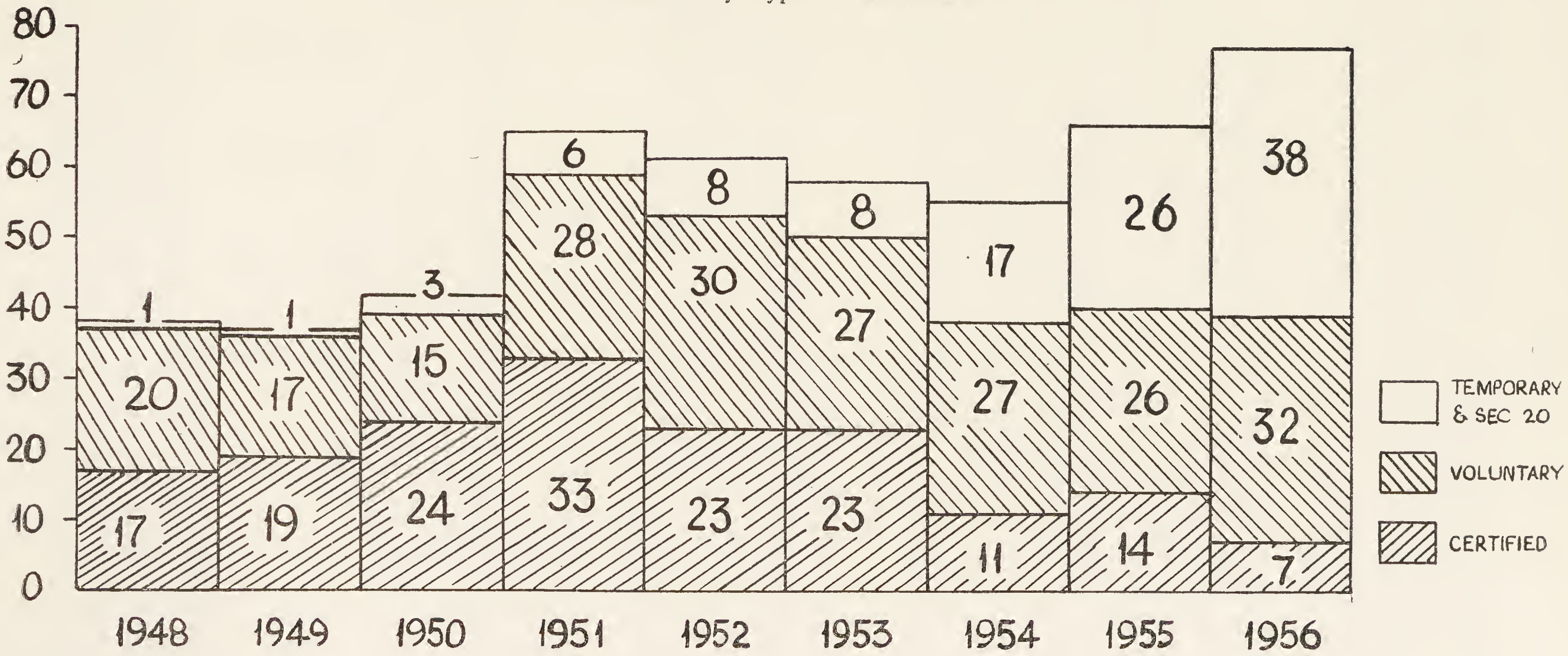
At the request of the family doctor, the mental health officers visit patients in their homes to establish friendly relations and to estimate the extent and nature of the help required. Should the patient be admitted to hospital the previous establishment of a good relationship with the mental health officers is of great value when the patient is discharged and is in need of supervision. Responsibility for providing after care for patients discharged from Littlemore Hospital is divided between the hospital psychiatric social workers and the local authority mental health officers according to mutual arrangement in any individual case so as to avoid unnecessary overlapping of duties.

B. Lunacy and Mental Treatment Acts, 1890—1930

(i) The figures for admissions and discharges are as follows:—

Admissions	1953	1954	1955	1956
Certified	47	28	29	17
Section 20	76	110	106	110
Temporary	3	1	1	6
Voluntary	165	188	232	273
Section 4 (private)	0	0	1	0
Total	291	327	369	406
Discharges				
Certified	22	32	37	32
Section 20	1	7	4	7
Section 21a	16	26	16	18
Temporary	3	3	0	4
Voluntary	155	209	254	265
Died	30	28	40	31
Total	227	305	351	357
Examinations in Lunacy (not certified)	1	1	4	3

Admissions of persons over 60 years old to Mental Hospitals
Classified by Type on Admission.



Admissions to mental hospitals reached a new record figure of 406 in 1956. 67% of these admissions were as voluntary patients. The number of discharges did not increase proportionately so that the pressure on beds was greater than ever. We are grateful to Dr. Armstrong and his staff at Littlemore Hospital and to Dr. McInnes and his staff at the Warneford Hospital for their continuing help and support.

(ii) Admissions under Section 20 of the Lunacy Act, 1890

In cases where the patient must be removed at once lest he attempt suicide, exhaust himself or harm others, admission to hospital on a three day order under section 20 of the Lunacy Act, 1890, is arranged. The number of such cases dealt with during the year accounted for 27% of all admissions, a proportion which remains remarkably constant from year to year. Of the 110 patients concerned, 7 were discharged within three days, 18 in whom the order was continued under section 21*a* for a further period, were discharged within 17 days, 66 became voluntary patients, 2 became temporary patients (i.e. recovery within six months appeared probable), 15 were certified and 2 died. Thus certification under the Lunacy Acts was avoided in all but 15 cases (i.e. about 13%) of those persons admitted under section 20.

(iii) Old Age and Mental Illness

Once again the number of admissions of persons aged 60 or over increased although every effort is made to keep cases of senile mental deterioration at home whenever possible. The close liaison which exists between Littlemore Hospital, Cowley Road Geriatric Hospital and the local authority Welfare Department is an added safeguard against unnecessary certification.

C. Under the Mental Deficiency Acts, 1913—1938.

(i) Ascertainment

9 new cases were added to the register in 1956. Of these 9, 7 were reported by the Education Committee under section 57 (5), the remaining 2 being unofficially reported.

The waiting lists for institutional accommodation at the end of 1956 compared with previous years are:—

	1956	1955	1954	1953	1952	1951
Children under 5	0	0	1	3	0	0
Children 5—15	1	0	3	2	6	6
Adults	5	8	6	4	6	9

(ii) Guardianship and Supervision

At the end of the year 10 cases remained under guardianship. At the same time 113 cases were being kept under statutory supervision and 82 under voluntary supervision by the mental health officers. 13 females and 4 males on licence from mental deficiency institutions were also being supervised.

THE MABEL PRICHARD OCCUPATION CENTRE, LITTLEMORE.

(iii) Discharge of Mental Defectives

During the year 7 males and 11 females, Oxford City cases, and 2 males and 7 females, out-county patients, were discharged from order and are receiving friendly supervision from the mental health officers. This work is very necessary and time-consuming at a crucial period when the patients are being rehabilitated into the life of the community, and necessitates in some cases advice on the purchasing of suitable clothing, encouragement to save regularly and adjustment of the various difficulties experienced on their return to normal life.

(iv) The Occupation Centre

At the end of the year 49 defectives were attending the Occupation Centre. Of these 34 were Oxford City cases, 12 came from Oxfordshire and 3 from Berkshire. The majority continued to travel to and from the centre by special bus under supervision of a member of the staff.

Although the age range of cases at the centre extends from 5 to 47 years only 6 are, in fact, aged over 20. During the year one boy whose behaviour had deteriorated had to be admitted to Pewsey Hospital, another was temporarily admitted to Bradwell Grove for domestic reasons and a third developed a psychosis and was admitted to Littlemore Hospital.

Work at the Occupation Centre has been continued along customary lines and emphasis is laid on social training and the inculcation of good habits. Hand work of all kinds including sewing and woodwork, physical training and eurhythmics all help in developing muscular co-ordination and give a sense of achievement. An active and effective interest is taken in the garden which has been most productive, supplying almost all the vegetables required for the centre's canteen throughout the year. One boy was placed in employment as a handyman to a doctor during the year.

The Parent's Association continued to flourish. With its help 30 children accompanied by members of the staff went for 10 days holiday to Walmer in Kent during June. The remaining children had 2 excursions arranged for them, one to Littlehampton and one to Wickstead Park. A jumble sale and a sale of work organised by the Association together realised nearly £80, and as in the previous years grants were contributed by the City Council and the City magistrates.

(v) Institutional Care

No. in Institutions within the Region	*M.*	*F.*	
Borocourt	32	30	
Bradwell Grove Hospital	10	1	
Chipping Norton Hospital	3	3	
Cumnor Rise	—	8	
North View Hospital	—	4	
Pewsey Hospital	9	8	
Purley Park, Reading	3	—	
St. Agnes' School, Caversham	1	—	
Smith's Hospital, Henley	3	5	
The Old House, Wheatley	1	—	
Wayland House	—	12	
West Stowell House	2	—	
	—	—	
	64	71	—135
On licence from Borocourt	7	16	
,, ,, Pewsey	1	—	
	—	—	
	8	16	— 24
			——
Total			159

No. in Institutions outside the Region	*M.*	*F.*
Alton, St. Mary's Home	—	1
Aylesbury, The Manor House	4	1
Aylesbury, Tindal General Hospital	—	1
Barvin Park, Potters Bar	5	—
Bristol, Brentry Colony	1	—
Bristol, Hortham Colony	2	1
Bristol, Stoke Park Colony	2	2
Buntingford	6	—
Buxted, St. Mary's Home	—	2
Camberwell, St. John's Hostel	—	1
Cell Barnes Colony	2	1
Easthampstead	1	—
Etloe House	—	2
Laughton Lodge	1	—
Leybourne Grange Colony	1	—
Little Plumstead, Kent	—	1
Reigate, Ellen Terry Home	—	1
Sheffield, St. Joseph's School	—	2
Stoke-on-Trent, Stallington Hall	1	—
	—	—
Carried forward	26	16

	M.	*F.*	
Brought forward	26	16	
State Institutions for Dangerous Defectives.. ..	7	6	
Stourbridge, Sunfield Children's Home	1	—	
Warwick State Institution	—	1	
	—	—	
	34	23	—57
Total			57

(vi) Place of Safety

No patient was placed in a place of safety during the year.

SECTION VIII

WELFARE SERVICES

REPORT BY J. C. DAVENPORT,
Chief Welfare Services Officer.

The City Council has delegated to the Health Committee its functions under the National Assistance Act, 1948, and the Welfare Services Sub-Committee meets monthly to deal with the administration of the welfare services of the city. Duties in relation to the management of residential accommodation provided under Section 21 of the Act are delegated to a House Section of the Welfare Services Sub-Committee.

(1) Residential Accommodation for the Aged

Due to the credit restrictions, the provision of residential accommodation specially suited to the needs of the aged and infirm in need of care and attention has been retarded. Whereas it was hoped that by the end of 1956 the first purpose-built home in the city would be nearing completion, and the second and third would be under way, the position is that the first hostel was started towards the end of 1956, and the second and third are things of the future.

Whilst there is no doubt in my mind that there is a need for restriction of capital projects, there is such a thing as false economy, and a great amount of money is, of necessity, being wasted on the maintenance of worn-out buildings, and there must be throughout the country a large number of costly beds being occupied for long periods in hospital by patients who could reasonably be housed in homes for the more infirm. An approximate cost of maintaining a case in a hospital ward is considered reasonable at fifteen pounds per week, whereas the cost in Part III accommodation is more likely to be around six pounds per week.

I do consider that the time is ready (and possibly overdue) for local authorities to be grant-aided in welfare services, and for the provision of residential accommodation for the more infirm to be fully accepted by all welfare authorities.

Homes provided under Part III of the Act

The Laurels

This former institution, which should accommodate 116 residents of both sexes, remains exactly as described in previous reports. It has been continuously overcrowded throughout the year, with an average occupation of 125.

In view of the policy of the Council to discontinue the use of this accommodation, maintenance work was confined to necessities to provide

comfort for the residents. A number of improvements were effected in the furnishings, which were purchased with a view to their being usable in the new homes when they become available.

The use of this type of building for the accommodation of the aged and infirm is, of course, necessary but should not be prolonged unduly as the amount of domestic work involved in keeping the place reasonably clean and tidy is a financial burden as well as being a frustrating business. The stone floors and passages serve as mud and dust collectors for the whole area.

Despite these conditions, the staff have managed to achieve a happy atmosphere inside the home.

Frilford House

This is an adapted home, accommodating 26 persons, and is situated in the country, nine miles from the city centre.

The home has been equipped up to modern standards, but the progressing age and infirmity of the residents, and the lack of any ground floor beds, has accentuated the need for more accommodation suitable for the needs of the more infirm.

This home has, throughout the year, maintained an average occupation of twenty-seven beds which in itself represents a serious overcrowding when it is borne in mind that the average figure has been maintained despite absences in hospital or on holiday.

Barton End

This home, which was acquired by the Council as an adapted home for twenty-eight persons in 1953, has during the last two years had an extension built on to it, and now accommodates forty persons with twenty of the beds on the ground floor.

The new wing has been specially constructed and equipped to meet the needs of the more infirm, and, I am sure, will prove to be the most progressive step taken by the Council in the provision of residential accommodation. The fact that infirm persons will have the benefit of moving about supported by handrails and unhampered by stairs will give them that little extra feeling of independence that will increase the happiness of their last years, and decrease the burden upon the staff of having to carry patients down stairs, a task which occurs regularly in homes where there are no ground floor beds.

In each of the homes described, the same amenities (television, radio, library, socials, etc.) are available to each resident, who also receives a minimum of 7/6 per week pocket money.

The residents are encouraged, if they are able, to assist in the running of the home, and those who are willing to help in this way receive additional pocket money.

The standard charge remained at £5 5*s*. 0*d*. per week during the year but the majority of residents, by virtue of their means, contribute 32/6 per week from their own resources.

A summer outing was again provided in two parts to cater for the needs of the more infirm, and this venture was very successful and enjoyable.

The following is a summary of the admissions, discharges, and movements of residents in Part III Accommodation during the year reviewed.

Average residents, 1956

Laurels	125
Frilford	27
Barton End	24
Total	176

(New) *Admissions*, 1956 — *Discharges* (Permanent)

		Hospital	*Deaths*	*Other*
Laurels	32	12	14	7
Frilford	13	5	3	4
Barton End	6	3	8	—
Total	51	20	25	11

Voluntary Homes

The following Voluntary Homes are registered with the local authority for the care of aged and disabled persons:—

Aged and Disabled

Nazareth Home, Cowley Road	24 females 9 males

Aged

St. Basil's Home, 239 Iffley Road	26 females
Elizabeth Nuffield Home, 165 Banbury Road ..	24 females
Council of Social Service Home, 115 Banbury Road	21 persons
British Red Cross Society Home, 103 Banbury Road	20 females
Miss E. Afford, 12/13 Walton Street	5 females
Mrs. Guise-Thompson, 2 Hernes Road	5 persons
Mrs. E. Best, 31 Stanley Road	6 persons

The agreements made with the following homes to place accommodation at the disposal of the authority continues:

St. Basil's Home	4 residents
Nazareth Home	4 residents

The whole of this accommodation has been used throughout the year and has been of great assistance to the authority owing to the continued shortage of accommodation. The City Council has accepted responsibility

for the augmentation of income to enable the following persons to reside in accommodation provided by voluntary societies:

11 persons in St. Basil's Home
5 persons in Nazareth Home
1 person in St. John's Nursing Home
13 persons in the British Red Cross Society Home
1 person in Lingfield Epileptic Colony
6 persons in other Voluntary Homes
3 persons in Homes for the Blind.

In a similar way, by arrangement with other local authorities, the City Council has accepted the financial responsibility for the following:—

3 persons in L.C.C. Homes
4 persons in Oxfordshire County Council Homes
1 person in Salop County Council Home
3 persons in Berkshire County Council Home (2 Blind).

Temporary Accommodation

Section 21 (*b*) of the National Assistance Act, 1948, imposes the duty upon local welfare authorities of providing temporary accommodation for those persons in need thereof through circumstances unforeseeable. This somewhat vague definition has been a constant source of trouble to local authorities, and Oxford has not been an exception.

The change in the classification of persons applying for shelter, mentioned last year, has, in 1956, continued.

There was a considerable reduction in the numbers applying—a total of twenty of which six were helped simply in an advisory capacity.

Thirteen of the applicants were persons who were ordinarily resident in the city, and not one of these had become homeless as a result of non-payment of rent. Eight of these families had to be admitted to shelter for varying periods.

Of the fourteen cases where shelter had to be provided, seven were in shelter for periods in excess of three days, and the other seven varied in length of stay from one to three days.

In the group of persons staying longer than three days, two cases involved single persons, one of whom was of the vagrant type and was induced to settle down, and the second remained for two weeks before leaving the district. The other five cases were families who with one exception had been evicted from lodgings. The exception was an eviction from a tied house and could be classified within the problem family type.

The short stay cases included four women with children who had become homeless through domestic upheavals. All of these cases were assisted to settle their differences and return to their normal abode. The other three were of the vagrant type and due to age, infirmity and lack of reception centre facilities were given shelter.

These latter three cases, together with the one longer stay case, and two further applications which were not granted make a total of six reception centre cases or 30% of the total applications received.

I think it must again be emphasized that this problem is not one for the local authority according to existing legislation. Each applicant of this type is carefully questioned, and the answers again reveal, by their uniformity, that the policy in reception centres does not appear to be in accordance with Section 19 of the National Assistance Act, 1948. Moreover, I understand that in areas where there are no Reception Centre facilities, it is the policy of the Board not to give any assistance towards enabling a person to reach a Centre. Whatever the motive for this policy, there is one fact which arises and that is that local authority welfare staffs are being called upon to accept responsibility for providing shelter for persons known to be of the casual type who are stranded in their area. As the shelter is usually in homes occupied by the aged and infirm, and in view of the fact that many of these casual types have police records, it is not a satisfactory state of affairs.

(2) General Welfare Arrangements for Aged and Infirm

The policy under which all the staff of the Welfare Section work, is that the aged and infirm should be encouraged and assisted to remain in their own homes for as long as possible, and that removal to a Home should only be effected when adequate care and attention is not otherwise available. A most important part of care and attention is not, perhaps, readily associated with the words alone, and it is a principle that the happiness of the individual is an essential part of "adequate care and attention". All too often one hears of old people being "put" into Homes or Institutions. Except in the very rare cases when Section 47 of the Act has to be used, no person is "put" into a Home, and as long as they remain in a Home, the individual is free whenever he or she desires, to leave. Admission to a Home is by application from the individual; once the application is made then it is our duty to admit a person only when it is absolutely clear that adequate care and attention is not available from any other source.

To ensure that this policy works smoothly a considerable amount of work is done in the follow-up of cases brought to our notice, and as regular a home visiting service as is possible is maintained to ensure that the comforts necessary to the well being of the individual are being provided. I would like to stress here that it is my conviction that the most important aspect of welfare work is being done in preventing it becoming necessary for an aged or infirm person to enter a Home. Once an individual is in a Home, we know that the necessities of life are being provided, whereas inside the private home, circumstances can alter so quickly that real hardship will prevail unless a watchful eye is kept. The other branches of the local health services (health visitors, district nurses, home helps, etc.) and the visitors attached to the voluntary bodies are a great help in this

work and efforts have been made during the year to operate a much more co-ordinated service, which, in addition to preventing overlapping, will, I feel sure, be of great benefit in providing not only an effective answer, but a speedy one, to the many problems which arise inside the private homes of aged and infirm persons.

In order to assist in solving the problems caused by emergencies, special efforts have been made to admit aged and infirm to Part III Accommodation for short periods to enable relatives to take a rest or holiday, or because of ill-health. Assistance has also been given in laundry problems for short periods, and whilst these methods may not be statutory they are effective in enabling old people to remain in their own homes.

(3) Welfare arrangements for Handicapped Persons

(a) Blind

Statistics

During the year 21 people were certified as blind, and 9 as partially sighted.

The Authority is fortunate inasmuch as the examination of persons for certification is carried out at the Eye Hospital, and any medical or surgical treatment required is arranged as soon as the case is ascertained. In consequence, the number of blind people refusing to take advantage of remedial treatment is kept down to a minimum.

The following table shows the diagnosis of cases registered during the year, and the numbers where treatment was recommended:—

	Cause of Disability			
(i) Number of cases registered during the year in respect of which para. F (*i*) of Forms B.D. 8 recommends:	Cataract	Glaucoma	Retrolental Fibroplasia	Others
(*a*) No treatment	3	—	—	10
(*b*) Treatment (medical, surgical or optical) ..	3	2	—	3

OPHTHALMIA NEONATORUM.

(i) Total number of cases notified during the year	64
(ii) Number of cases in which:—	
(*a*) Vision lost	Nil.
(*b*) Vision impaired	Nil.
(*c*) Treatment continuing at the end of the year	Nil.

The number of registered blind persons in the city is shown, in age groups, in the following table:

0–1		2–4		5–15		16–20		21–39		40–49		50–64		65–69		70 & over	
M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
—	—	—	—	6	1	—	—	5	7	8	7	14	17	7	10	40	67

Total 80 males and 109 females = 189, of whom 155 are over 50 years old, and 124 over 65 years old.

1 boy is at Birmingham School for the Blind, 1 at a special school for the blind, 1 attends the Occupation Centre, 1 at Pewsey Mental Hospital, and 1 at Bradwell Grove Mental Hospital. 1 girl is in the Ellen Terry Home for Mental Defectives. 1 boy at Birmingham Royal Institute for the Blind.

Employment

(i) *Open Industry or Self-Employment*

15 people are employed in open industry
8 (7 men and 1 woman) in factories
1 employed by Local Authority
1 Sub-Post Office Mistress
1 Telephone Operator
1 articled to a Solicitor
1 Masseur
1 University lecturer.

Several totally blind women are running their homes very efficiently without help.

Home Workers Scheme

1 machine knitter. 1 Braille copyist.

Workshop employment

Workshops for the blind are provided at The Laurels, Headington, and at 4 Little Clarendon Street, and under arrangements with the B.R.C.S. at Headington Hill Hall. The following are working in workshops:—

Men	*Women*	*Trade*
1	1	Chair caning.
1	—	Mat making.
—	1	Machine knitter.

Marketing of goods

The Council operates a retail establishment at 4 Little Clarendon Street, Oxford. The prime function of the shop is to market the products of the blind, but the opportunity has been taken to offer the facilities of the shop to all handicapped persons supervised by the Occupational Therapy Section of the Health Department.

The retail business has again improved upon its impressive record since 1952, and again, due appreciation must be recorded of the efforts of the Manager in maintaining the progress. Mention must also be made

of the quality of the goods made both in our own workshops and those workshops operated by other Authorities. No customer will purchase shoddy goods, and the sales and orders speak for the quality of our products. An experiment was made at Christmas, 1955, and continued in 1956 in the manufacture of Christmas Crackers on the shop premises. This experiment proved to be an outstanding success, and augurs well for the future.

General Welfare

Arrangements have been made for a number of blind people to have holidays at Homes for the Blind.

Wireless sets from the British Wireless for the Blind Fund have been supplied to all blind persons in need, and maintenance and repairs continue to be covered by the City Council.

Subscriptions to the National Library for the Blind are paid for 12 readers. Those blind persons who can read Braille or Moon types may obtain books from the Health Department, where a small library of books is kept. 4 blind persons are being taught Braille. 3 blind people, 2 men and one woman, own Guide Dogs.

Social Activities

Except for a break during the summer holiday period and at Christmas time, socials were held three times each month. A varied programme of entertainment was provided. Assistance has been provided at the Socials and at other functions for the blind by several regular voluntary helpers including drivers who have assisted the Almoner and Home Teacher by bringing infirm blind people to the Socials. This help has been much appreciated. The Christmas Party at the Town Hall, and the Summer Outing to Southsea and Isle of Wight were well attended and much enjoyed. Those who attend the Socials went for an outing to Stratford-on-Avon and Leamington and a Garden Party at Headington.

The City Division of the St. John Ambulance Brigade invited some blind people to their Christmas parties. The Cadets entertained the children and the Senior members entertained the adults and their guides.

Voluntary Help

The Oxford City and County Society for the Blind have continued to assist the blind financially towards the provision of holidays, invalid foods, extra comforts, and with Christmas gifts to those blind who are aged and infirm, in hospital, or other accommodation away from their own homes.

The Oxford Eye Hospital Patients' Welfare Fund has continued to be responsible for the cost of transport of the aged and infirm to the Christmas Party.

(b) Deaf Blind

There were 8 deaf-blind on the Blind register, 1 man and 7 women.

(c) Partially sighted

At the end of 1956, there were 105 persons on the observation register. All these people are substantially and permanently handicapped by defective vision. 2 are having lessons in Braille.

The following table shows the age group on the register:—

0–1		2–4		5–15		16–20		21–49		50–64		65 +	
M	F	M	F	M	F	M	F	M	F	M	F	M	F
—	—	—	—	1	3	2	—	7	5	8	8	29	42

Total 47 males and 58 females = 105, of whom 87 are over 50 years old and 73 are over 65 years old.

1 case of Glaucoma was registered during the year. 3 people have been transferred to the Blind Register.

(4) Other Handicapped Classes

The Council, on the 1st April, 1955, adopted schemes to provide for the welfare of the deaf and dumb, the hard of hearing and the general handicapped classes.

(a) Deaf and Dumb

The Council's functions in relation to the deaf have been delegated to the Oxford Diocesan Association for the Deaf, who have for many years, been carrying out valuable welfare work amongst the local deaf, and have been assisted financially by the Council to do so. During the year ended 31.3.57, a grant of £614 was made to the Society, and I am indebted to Mr. E. Collins, the Missioner, for the following statistics and information.

0–15		16–64		Over 65	
M	F	M	F	M	F
5	6	27	13	5	8

The local headquarters and club rooms are situated at 65 Banbury Road. These rooms are open three times a week for socials and club recreations. Every Sunday a religious service is held in the Chapel.

(b) Hard of Hearing

The welfare of this group in the city is cared for by the Hard of Hearing Club, which is closely connected with the Department of Oto-laryngology at the Radcliffe Infirmary. Meetings are held in St. Michael's Hall. A financial grant is made each year by the Council to meet the cost of the hire of the room. The club is flourishing and does a great deal towards promoting the general welfare of the group.

The following table shows the age groups on the register:—

Under 16		16—64		65 and over	
M	F	M	F	M	F
—	—	11	55	6	27

(c) General Handicapped Classes

The adoption by the Council of the schemes for promoting the welfare of the general handicapped classes during 1955, meant an extension of the operations of the section.

The staff appointed for this work included a field welfare officer (full-time) and the use of the services of an occupational therapist (half-time).

The scope of the scheme has so far been restricted to the provision of recreational facilities, and to a limited extent, occupational therapy.

A total of 84 persons were ascertained to be permanently and substantially handicapped, and expressed a desire to be registered with the local welfare authority. The following table shows the age groups on the register:—

Under 16		16—64		65 and over	
M	F	M	F	M	F
2	—	37	31	13	1

The British Red Cross Society organises a Club for Crippled Persons which meets fortnightly at 101 Banbury Road. This club is an invaluable aid in the provision of recreational facilities for these handicapped persons, and the officers of the Welfare Section have encouraged and aided as many as possible to attend within the limits of the club which at present has an active capacity membership. Many more would like to attend more frequently and it is hoped that it may be possible soon to extend the facilities.

The search for suitable premises for a handicapped workshop was continued successfully, and plans have been submitted for the conversion of the Red Barn, Woodstock Road, to a workshop which will provide facilities for up to thirty-five persons.

This total may be in excess of the needs of the city alone, and I feel confident that, when it is functioning, facilities can be offered to the

Oxfordshire and Berkshire County Councils for the benefit of blind and handicapped workers living near the city boundaries.

(i) Spastics

There are 33 spastics known to the department, 15 are adults (11 male and 4 female), and 18 children (10 male and 8 female). All 15 adults are normally resident in their own homes.

Of the 18 children, 8 are attending ordinary schools, 4 are attending special schools, 2 attend the occupation centre, 1 is at a private school. Of the 3 remaining children 2 are of pre-school age. 1 is receiving home tuition.

In addition, there is an Oxford and District Association for the parents of spastic children. A close co-ordination is maintained between the department and the voluntary society, and the parents of spastic children are notified of any functions or facilities which may be available to their children.

An occupational therapy service is available to those Adult Spastics who are able and willing to benefit from same.

(ii) Epileptics

9 Adult Epileptics (2 male, 7 female) are known to the department. All of these cases are major epileptics.

This is a figure, which, I feel sure, does not bear any real relationship to the actual number who suffer from this complaint. Fortunately, the great majority of the minor cases are able to continue in normal employment.

Meals on Wheels

This service has continued during the year by the W.V.S. and the British Red Cross Society, and an average number of 80 old people are supplied with a hot meal twice weekly. The meals, at a cost of 9*d*. per meal, are paid for by the recipient, the Council only being responsible for the cost of transporting meals at the rate of 6*d*. per mile. The food is cooked and supplied by the Catering Department of the city.

Chiropody Service

The service instituted by the Oxford Council of Social Service in 1953 has continued and expanded its invaluable service to old people in the city. It is only necessary to visit the Old People's Clubs and mention the service to assess its true worth.

A complete service for all areas of the city is maintained through the nine Old People's Clubs which are situated in different parts of the city.

A new service has been introduced where Chiropody treatment is given to those old people who are unable to attend the Clubs or who are unable to go out without transport. These cases are taken to The Laurels where the clinic is held weekly.

Since the institution of the scheme, a total of 4,500 treatments have been given.

The cost to the recipient is at the rate of 2/- for each treatment.

The total cost of the scheme to date is approximately £1,215, the old people have contributed approximately £460 of this and the balance of £755 has been met by generous contributions from local charities and voluntary organisations.

Removal of persons in need of care and attention

It was found necessary to use the powers given to the Council under Section 47 of the National Assistance Act, 1948, on one occasion during the year. This was in the case of a Deaf/Blind person living alone in dangerous and insanitary conditions and without adequate care and attention. Numerous attempts were made to persuade this case to leave the house and reside in the safety of some suitable home, all of which were without avail. After a period of 7 weeks in Residential Accommodation the person improved in her physical capabilities and agreement was reached with relatives for adequate care to be provided in her home, to which she returned.

Temporary protection of property of persons admitted to hospitals, etc.

The duty of the Council under Section 48 of the National Assistance Act, 1948, to protect the property of patients admitted to hospital or to accommodation under Part III of the Act, has been effected in 7 cases during the year.

Burial or cremation of the dead

Under Section 50 of the National Assistance Act, 1948, the Council has a duty to cause to be buried or cremated the body of any person who has died or been found dead in their area, where no suitable arrangements for disposal have been made. During the year, it has been necessary for the Council to arrange ten such burials, and in five cases part recovery of the cost involved has been made.

SECTION IX

ENVIRONMENTAL HYGIENE

REPORT BY W. COMBEY, D.P.A., F.A.P.H.I., A.M.I.P.H.E.
Chief Public Health Inspector

As will be noted, the title of Sanitary Inspector has now officially ceased and the new designation of Public Health Inspector will be used in future throughout the Country. This change is the culmination of years of activity to secure a title which better describes our duties in the realm of public health and hygiene. The change has pleased some and displeased others. The name may have changed, but the duties continue, with ever increasing importance to the well-being of the public whom we serve.

A considerable amount of attention was given to housing conditions and it was possible during the year to present to Housing Committee 3 areas in the St. Ebbe's region for clearance. These areas involved 74 houses and Housing Committee decided to apply for Compulsory Purchase powers. Further areas are being worked out and will be presented next year. It was also possible to deal with a number of individual unfit houses and some action was taken in connection with the repair and renovation of a number of sub-standard properties. The economics of housing are still a major stumbling block to progress and it will be interesting to see the effect of the proposed new Rents Act.

Food Hygiene activities received an impetus at the end of 1955, by the publication of the Food Hygiene Regulations. Public reaction was immediate and this section of our work proved a very busy one. Traders appeared to expect and appreciate visits and advice, and on the whole, co-operation was good and results gratifying.

Interest in Health Education also received a quickening, for there was increased demand for talks to women's associations, guilds, institutes, food traders, and, towards the end of the year, senior school classes and domestic science groups. It is felt that education in food hygiene is perhaps the most important part of that section of our work and constant attention is being given to the problem of "getting over" to responsible individuals, the need for the basic essentials of cleanliness and care in food handling.

There is much to be commended about the attitude of those in the food trades—only too few—who feel that fancy fittings, chromium plating and attractive displays are second in importance to thorough cleanliness. Constant attention to cleanliness in storage and handling of food and to refuse storage and disposal, are fundamental in good hygienic practice. There is still much need for care in all these essentials.

Much discussion and debate continues on certain provisions of the Food Hygiene Regulations—in particular those concerning the definition

of "open food"—and a standard for hand-washing facilities. The Trade have reacted sharply where facilities are proving costly, and this is leading to a reasoned approach by Inspectorate to the problems which exist in so far as standards and costs are concerned, although our primary aim must always be the protection of the public health with costs as of secondary importance. Investigation into kitchen hygiene proved interesting and attempt is to be made to write a special report on the circumstances in collaboration with the Public Health Laboratory service who have been very active in the survey. There is no doubt that common sense application to washing-up routine with availability of plenty of really hot water will satisfy demand for good bacteriological standards. There are, of course, available for use, efficient forms of sterilants which are a considerable aid to the same end and in certain cases their use is to be commended.

There was still delay in securing confirmation of our suggestion for a Smokeless Zone under Private Act powers in the centre of the City and it was decided during the year to recommend a Smoke Control Area under the terms of the new Act. It was confidently hoped that Council would favourably consider this early in the new year. Further pollution data has been collated and there is no doubt that there is general interest throughout the City in the need for Clean Air and action against smoke and grime. Many important buildings in the centre of the City and University Zone have been cleaned and these are excellent pointers to the need for further practical steps to prevent Air Pollution. I was honoured during the year by being asked to present a Paper on Clean Air at the Annual Conference of the Association of Public Health Inspectors. The Paper entitled "War Upon The Air", was illustrated by local photographs in the text with coloured slides shown on a screen, being made possible by assistance from colleagues locally with Messrs. Scott and Lord taking active part in the production of the photographs.

In so far as Meat and Food Inspection was concerned, it was possible to secure the elimination of week-end slaughtering by agreement with the Slaughterhouse Managements and overtime was reduced to a minimum. Certain improvements were carried out at the Slaughterhouses although there is still need for a raising of the general hygienic level of operation. The general reduction in Tuberculosis among cattle slaughtered for food is again emphasized and incidence of tape-worm cysts remains low. Fluke infestation of cattle and sheep livers is still fairly prevalent and figures for several years are given in the Report.

Milk processing continued to be satisfactory and keeping quality generally was good. There appears to be a continual increase in the quantity of milk being produced Nationally but there is still apparent difficulty in attaining the National standard of 3% fat and 8.5% non-fatty solids. Unsatisfactory breeding and feeding is said to have much to do with this matter.

A large number of samples of imported egg material were examined at the Public Health Laboratory for possible Salmonella infection. No

positive results were achieved but Laboratory results show that the material is generally far from satisfactory. Certain pasteurisation treatment is, it is understood, available for dried imported egg and it is hoped that some suitable form of treatment may be possible for frozen egg.

Attention was given towards the end of the year to conditions in licensed premises. Arrangements were made for special inspections with a view to securing improvements in standards of sanitary accommodation and general hygiene and cleanliness in food handling and service. It is hoped to complete inspection of all licensed premises in the City by the middle of 1957. It is also pleasing to note in this connection that we were asked to take part in lecturing to the Licensed Victuallers' Training Course which was held locally.

In conclusion I would like to pay tribute to the loyal and helpful co-operation of my Deputy, Mr. Edlington, and all members of the Staff in what proved to be quite a busy and interesting year. The Report is as usual presented in 3 sections (*a*) General Sanitary Circumstances and Water Supply, (*b*) Housing, and (*c*) Supervision of Milk, Meat and Other Food Supplies.

(A) GENERAL SANITARY CIRCUMSTANCES

(i) Complaints and Inspections

There were during the year 1,347 complaints received, a slight increase over the 1,273 made during the previous year. The table below shows the variety of matters complained about, more than half being concerned with rodent infestations.

There was an increase in the number of infestations by wasps during the summer otherwise figures generally differ little from those in previous years.

Inspections of premises are set out in a table below and this shows a considerable increase in the number of inspections made in connection with Food Hygiene and also for work in connection with Atmospheric Pollution which was closely allied to our proposals for a Central Smoke Control Area.

Complaints:—	*No.*
Accumulations of Refuse	20
Choked and Defective Drains	50
Defective Water Closets	17
Defective Water Supply	9
Dirty or Verminous Premises	48
General Housing Defects (including dampness)	130
Infestation by Insects and Pests	111
Infestation by Rodents	725
Infestation by Wasps	123
Keeping of Animals	2
Noise Nuisance	2

Offensive Odours	80
Overcrowding	1
Smoke Nuisances	12
Unwholesome Food and Containers	17
	1,347

Number and Nature of Inspections

	No.
Animal Nuisances	28
Drainage	467
Housing	2,519
Interviews	689
Licensed Premises	86
Lodging Houses	34
Miscellaneous	754
Odour Nuisances	80
Overcrowding	8
Pet Animals	27
Pharmacy and Poisons Sellers	145
Piggeries and Stables	165
Public Conveniences	37
Rag Flock Premises	4
Rats and Mice	1,539
Refuse Storage and Accumulations	369
School Premises	22
Shops Act	463
Tents, Vans and Sheds	202
Theatres, Cinemas, etc.	51
Verminous Conditions	213
Water Sampling	73

Atmospheric Pollution

Enquiries Pollution	181
Smokeless Zone	384
Smoke Observations ($\frac{1}{2}$ hour)	58
,, ,, (casual)	263
$S.O._2$ Recording Stations	136
Boiler Plants	111
Grit and Soot Nuisances	97

Food Hygiene

Food Hygiene Regs.	2,127
Special Canteen Visits	124
Food Poisoning	7

(ii) Sanitary Circumstances of Aged Persons

Close co-operation continued with the Welfare Section and assistance was provided when required.

(iii) Lodging Houses

The only official licensed Common Lodging House in the City is that at the Charles Street Annexe of the Church Army Working Men's Hostel. This Annexe provides some 35 beds for persons of the poorer class who are unable to afford higher charges in hostels or elsewhere. The Church Army continue to provide in this respect a very valuable service.

There is no doubt that a certain amount of "sleeping rough" takes place by persons of the type formerly using Common Lodging House accommodation. They are liable to become dirty and verminous, and often difficult to trace and not generally amenable to treatment. There were eight persons treated during the year for verminous conditions as compared with six during the previous year. Facilities for treatment are available at the Laurels residential accommodation and at the Charles Street Annexe for inmates of the Lodging House. Bedding and outer clothing is treated with D.D.T. powder while sterilization of bedding and under-clothing is carried out at the Slade Hospital.

(iv) Moveable Dwellings

There was a slight reduction in the number of vans and sites licensed for occupation, 55 dwellings being permitted on 32 sites. The largest site involved only 6 vans and the gradual elimination of the converted "bus-body" type of accommodation continues. Licensing arrangements endeavour to provide for Town Planning approval of sites prior to consideration of Public Health Licences for individual vans. Close liaison between the two departments has continued satisfactorily and no major difficulty has been met. Conditions generally were good, water supply and sanitary accommodation being provided at or near the sites and storage and collection of refuse arranged for, to a satisfactory standard. In addition, all dwellers are required to give heed to fire precaution arrangements to the satisfaction of the Local Fire Prevention Officer.

(v) Offensive Trades

No offensive trades are registered within the City and apart from one old established marine store dealer, only a few collectors of rags operate within the City.

(vi) Canal Boats

Little traffic exists on the stretch of the Canal in Oxford apart from one or two barges carrying coal and building materials. It was however noted during the year that two holiday barges were using the Canal in the summer and an attempt has been made to revive interest in the use

of the Canal for pleasure traffic as an alternative to industrial use. The condition of the holiday barges was satisfactory.

(vii) Drainage

Only 49 complaints regarding drainage defects were received by the Department and all were satisfactorily dealt with. Close contact is maintained with the Building Inspectors and Drainage Section of the Department of the City Engineer.

New sewage works of advanced design commenced operation during the year and drainage conditions in the low lying parts of the town should now improve.

(viii) Riding Establishments, Stables and Piggeries

165 inspections of these premises were carried out and conditions generally were found satisfactory. There was concern for a time about the burning of motor-car tyres, obsolete batteries and the like on the grates of certain swill boilers. Attention by the District Inspectors resulted in other arrangements being made and little nuisance has been reported. 3 riding establishments continue to be licensed and subject to visits by the Officially appointed Veterinary Surgeon and the District Inspectors. The number of piggeries known within the City is 45.

(ix) Pet Animals

21 visits were made to 9 premises licensed under the provisions of the Pet Animals Act. Conditions were satisfactory and the businesses generally well operated.

(x) Factories and Workplaces

Attempt was made to keep up inspections of factories and workplaces during the year and close contact with H.M. Factory Inspector was maintained. Apart from a number of defects in relation to sanitary accommodation, dirty conditions, etc., little was found in the way of contraventions. In addition to the inspection of factories, some 40 visits to offices and places of similar kind were made. 54 visits were made to outworkers following a reception of the lists which were mainly concerned with dressmaking, tailoring, glove-making and toy filling. There were 43 premises registered for the purpose.

Inspection of Factories and Workplaces

Premises	Number on Register	Number of		
		Inspections	Written Notices	Occupiers Prosecuted
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authority	88	73	4	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	396	254	33	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	11	14	—	—
Total	495	341	37	—

Defects found in Factories

Particulars	Number of cases in which defects were found				Number of cases in which prosecutions were instituted
	Found	Remedied	Referred To H.M. Inspector	Referred By H.M. Inspector	
Want of cleanliness (S.1)	8	6	—	12	—
Overcrowding (S.2) ...	—	—	—	—	- -
Unreasonable temperature (S.3)	1	2	—	—	—
Inadequate ventilation (S.4)	—	—	—	—	—
Ineffective drainage of floors (S.6)	2	—	—	—	—
Sanitary Conveniences (S.7)					
(*a*) Insufficient ...	3	1	—	1	—
(*b*) Unsuitable or defective	13	13	—	16	—
(*c*) Not separate for sexes	—	—	—	3	—
Other offences (not including offences relating to Homework)	13	8	—	—	—
Total	40	30	—	32	—

(xi) Shops

463 inspections of shops were carried out during the year and in only 9 cases was it necessary to serve Notices under the provisions of the Shops Act, 1950. The general standard of hygiene and cleanliness found was—as last year—quite good, and no cases calling for particular comment were found. Hours of employment and staff welfare in shops are matters dealt with by the Chief Inspector of Weights and Measures.

(xii) Pest Extermination

Infestations of rats, mice and other vermin are dealt with by a staff of 4 outside assistants who carry out their operations under the supervision of inspectors. Special treatment of the City's sewerage system is periodically carried out with the advice and co-operation of Officers of the Ministry of Agriculture, Fisheries and Food.

Door-to-door survey work continued during the year with particular attention to North Oxford where 2,300 premises received visits and any infestations found received the necessary attention. 14 infestations of rats and 28 of mice were dealt with as a result of these visits.

The general picture of infestations is gratifying in that there appears to be a continued decline in the size and number of infestations found. There is no doubt that continued activity in this field is having good results and still further progress may be expected as improvements take place in modern systems of treatment.

Special sewer treatment in East Oxford concluded on 22nd April, 1956, after some two year's work and appreciation was expressed by the Ministry Officer concerned in connection with the work carried out.

Kibbled maize and 10% zinc phosphide has been used throughout this special treatment and 209 manholes remained to be dealt with during the last phase. Results showed 59 takes of bait of which 34 were complete, the other 150 manholes showed no evidence of activity. There was no drastic reduction noted in the activity throughout this section of the sewerage system. It is consequently doubtful whether the use of the stronger poison is more effective than the normal strength.

Two maintenance treatments were carried out throughout the general sewerage systems of the City during the year, 240 manholes being treated during April and 119 during October. No less than 84 apparent complete takes of bait were noted in the April effort, 36 of these being in the centre of the City. In October, only 14 complete takes were recorded out of 119 manholes treated although a new method of treatment was used on the suggestion of the Ministry. 61 partial takes were also recorded. This new method of treatment was also tried out in East Oxford where 72 manholes were baited with absence of complete takes noted although no less than 60 partial takes were apparent. A repeat of this treatment will be carried out in the spring of next year.

The new method of treatment consisted in the use of pin-head oatmeal specially treated with technical oil (liquid paraffin), to which paranitro phenol and caster sugar had been added and the poison used with this bait base was warfarin mastermix (5%). It is hoped that the use of this new method will give a more definite result than has so far been achieved with the zinc phosphide routine.

Agreements for treatments of premises on an annual contract basis continued throughout the year, there being a slight increase from £480 to £485 with 32 agreements being made as against 31. Treatment includes

measures against common insect pests in addition to the clearance of rat or mouse infestations.

D.D.T. and Gammexane preparations have been most commonly used and in certain cases Pybuthrin preparations have been effective. Chlordane in Kerosene was also used against the Pharoah's ant (Monomorium pharaonis) which was troublesome in one or two premises, more particularly in hospitals.

Four assistants attended a refresher training course during the year and your Chief Public Health Inspector was re-elected Chairman of the Oxfordshire Workable Area Committee.

Visits by Operatives in connection with Rodent Extermination		*Totals*
Local Government Premises		
1st Visits	33	
Re-visits	181	214
Dwelling Houses		
1st Visits	584	
Re-visits	3,738	4,322
Business Premises		
1st Visits	160	
Re-visits	1,395	1,555
University Premises		
1st Visits	33	
Re-visits	336	369
		6,460

Baits Laid

Pre-baits	3
Poison baits	11,791
Post-baits	Nil

Although there was a slight increase in the number of complaints received regarding infestations by insect pests there was not a particularly heavy incidence. Few cases of body lice were found and slight infestations of cockroaches, fleas and bed bugs were evident, while several incidents of Pharoah's ant infestations were noted. There were 123 complaints of wasp nest troubles as against 69 the previous year and as before, treatment was again free on the instructions of the Health Committee. The use of modern liquid insecticides proved very effective.

Prevention of Damage by Pests Act, 1949.

Report for Year ended 31st December, 1956.

	Type of Property				
	Non-Agricultural				
	(1) Local Authority	(2) Dwelling Houses (including Council Houses)	(3) All other (including Business Premises)	(4) Total of Cols. (1) (2) & (3)	(5) Agricultural
Number of properties in Local Authority's District	297	27041	3981	31319	79
Number of properties inspected as a result of: (*a*) Notification ..	24	431	148	603	—
(*b*) Survey under the Act	1	2,259	40	2,300	—
(*c*) Otherwise (e.g. when visited primarily for some other purpose) ..	30	1,405	1,203	2,638	—
Total inspections carried out—including re-inspections	63	7,246	11,193	18,502	—
Number of properties inspected (in Sec. 11) which were found to be infested by: (*a*) Rats ..Major	—	—	—	—	—
..Minor	13	289	73	375	—
(*b*) Mice ..Major	—	—	—	—	—
..Minor	14	271	114	399	—
Number of infested properties (in Sec. IV) treated by the Local Authority	27	560	187	774	—
Total treatments carried out—including re-treatments	33	584	193	810	—
Number of notices served under Sec. 4 of the Act: (*a*) Treatment	—	—	—	—	—
(*b*) Structural work (i.e., Proofing)	—	3	7	10	—
Legal Proceedings ..	—	—	—	—	—
Number of "Block" control schemes carried out	—	—	—	70	—

(xiii) Atmospheric Pollution

It was again a year of considerable activity in Atmospheric Pollution work for interest was maintained in suggestions for the establishment of a Central Smokeless Zone in the City. The coming into force of the Clean Air Act, 1956, however, altered the attitude of the Committee to the suggestion, it being considered advisable to abandon action under the Oxford Corporation Act 1953 powers, which relate to the establishment of Smokeless Zones because of the provisions of the Clean Air Act as to the formation of Smoke Control Areas.

There has been during the year, considerable progress towards the reduction of such smoke as has existed in the Central Zone and less than 400 tons of coal are now being burned per annum as against something over 500 tons in 1953/4. Colleges, commercial and some domestic users have converted to gas or electricity with advantages in cleanliness and saving of labour.

The conception of a Central Zone working towards the west where, it is admitted, most Atmospheric Pollution is produced by Railway, Power Station and Gas Works, is not altogether popular. Many consider that efforts should be started at the source, working from the west towards the centre. It is, however, necessary to point out that such an operation would be somewhat unrealistic in the light of the present circumstances, for several years must elapse before Power Station and Gas Works are dealt with and the Railway becomes comparatively smokeless through the operation of diesel traffic. Furthermore, the availability of the Smokeless Fuels is limited and domestic consumers might have difficulty in securing the necessary quantity of Smokeless Fuel. Consequently, it has been thought worth-while to promote, as a pilot scheme, a Central Zone which requires a minimum of fuel alteration and which should provide useful information for future operations in Smoke Control methods throughout the Redevelopment Area in St. Ebbe's. This would then link up with a Western Zone at a time more suitable for securing adequate Smokeless Fuels and for attaining the goal of an extensive Smoke Control Area in the City Centre and Western approaches.

There has been considerable interest shown in the trends of sulphur pollution and charts showing the general picture are included in the Report. The daily recording apparatus (measuring sulphurous gases and suspended solids) has operated almost continuously throughout the year. The general average of sulphurous gases in the area of the Central Zone as shown by readings on the roof of Telephone House, St. Aldate's, shows a downward trend during the last 3 years; the averages being 2.2; 2.1; and last year 1.98.

There was considerable extension in the use of oil for commercial and industrial plants with excellent results in general, although from time to time neglect in handling and attention to appliances gave rise to bursts of dense smoke. There is no doubt that careful attention by operators is needed if oil firing is to be constantly smokeless in operation. Some

Micro-Ringelmann in Use

apprehension still exists in connection with sulphur content particularly if over-seas markets become unduly difficult.

The Cowley industries continue to operate reasonably well in-so-far as Atmospheric Pollution is concerned particularly from the smoke angle but there still exists concern about paint odour from the vicinity of the Works. The Morris Motors factory is proceeding with the erection of an extension which will contain one of the most modern treatment plants against paint odour. The latest type of oxy-catalyst appliance is being incorporated in the paint line in order to prevent the emission of paint odour from the operations.

A modern water washing booth has been installed in a section of the Pressed Steel Company Works during the year in order to eliminate nuisance from paint particles which had been issuing from a dry booth in the factory. One of the suphur gauges was switched to the Cowley Works region during the year and it is interesting to note that readings so far have not proved unduly high.

Your Chief Inspector was honoured during the year in being asked to give an illustrated Paper in Atmospheric Pollution at the Annual Conference of the Association of Public Health Inspectors. Considerable interest was shown in the Paper and the illustrations used, and expressions of appreciation were received from many sources. It is pleasing to acknowledge the helpful co-operation of members of the Staff, the Local Press, the Cowley Factory Managements and others. Our coloured slides of local scenes in the realm of Clean Air operations are also much appreciated in talks given, from time to time, to various groups of interested persons, schools, guilds, etc.

There is no doubt that the continued domestic consumption of coal contributes greatly to pollution of the atmosphere. With the growing production of low-temperature-carbonised cokes suitable for burning in open or closed fitments, there seems hope that without great expense in conversions, much of the grime and soot emitted to the air from normal domestic heating can be eliminated, without losing the popular open fire from the domestic hearth.

It is still very obvious that with efficient boiler-house operations, much can be done to reduce industrial pollution and the training of Staff to this end is a very necessary part of Clean Air operations. An adequately trained and properly recompensed boiler-house operator is a necessity in any factory where efficiency and economy are required.

Grateful appreciation is expressed of the help given by Mr. Martin of the Geography School who provides monthly weather data secured from the Radcliffe Meteorological Station.

TREND OF SULPHUR POLLUTION DURING THE THREE YEARS 1954/56.

STATION

1954 JAN FEB MAR APR MAY JUN JLY AUG SEP OCT NOV DEC | 1955 JAN FEB MAR APR MAY JUN JLY AUG SEP OCT NOV DEC | 1956 JAN FEB MAR APR MAY JUN JLY AUG SEP OCT NOV DEC

NORTH HINKSEY WATER TOWER

MILL STREET

UNIVERSITY PARKS

CUTTESLOWE PARK — STATION DAMAGED — STATION CLOSED

HEADINGTON CEMETERY

SLADE PARK — STATION CLOSED

UNIVERSITY COLLEGE SPORTS GROUND

TELEPHONE HOUSE

METEOROLOGICAL DATA

INVERSE MEAN TEMPERATURE (MAXIMUM) °F 40 60

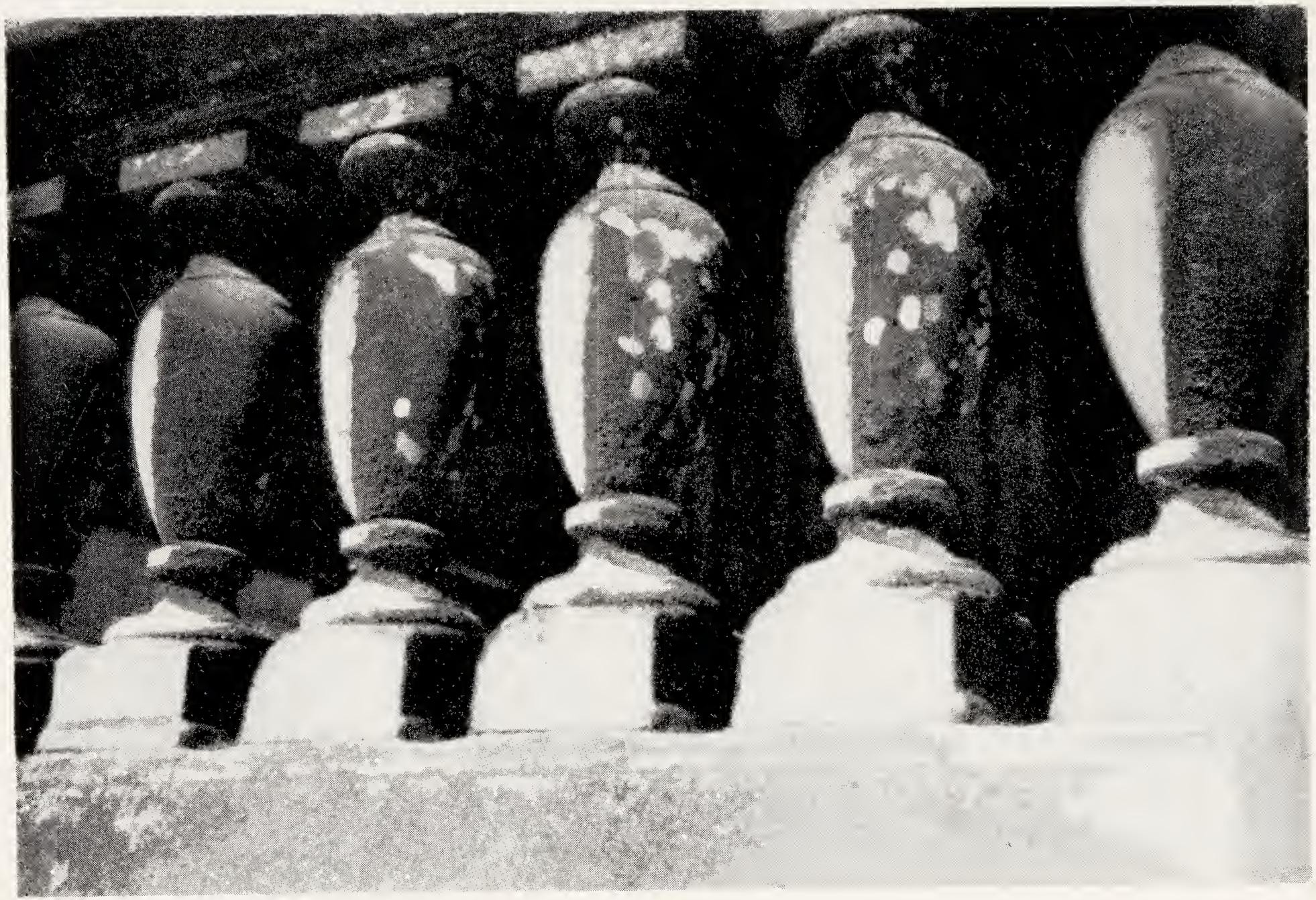
INVERSE MEAN TEMPERATURE (MINIMUM) °F 20 40

HUMIDITY AT 0900 hrs % 90 70

WIND DIRECTION AT 0900 hrs. N E S W

DAYS FOGGY AT 0900 hrs. 8 6 4 2

RAINFALL Inches 4 3 2 1



Time and Grime

Site :-
36, Pembroke St.
St. Aldate's

DAILY RECORDING APPARATUS – SMOKE AND SULPHUR DIOXIDE – WEEKLY AVERAGES

JAN FEB MAR APR. MAY JUN JLY AUG SEP OCT NOV DEC

KEY :-
SMOKE ——————
SULPHUR - - - - - - - -

Fog
Fog
Smoke haze
Fog
Fog
Fog

SULPHUR DIOXIDE – PARTS PER 100 MILLION
4 8 12

SMOKE – MILLIGRAMS PER 100 CUBIC METRES
10 20 30

(xiv) Swimming Baths and Bathing Facilities

No untoward incidents were recorded during the year in connection with the hygienic conditions of the open bathing places on the river Thames and Cherwell. The chlorination plant installed at the Hinksey Open-air Pools operated efficiently during the year while the Temple Cowley covered swimming bath provided its usual excellent conditions with water samples continuing to give satisfactory bacteriological results.

(xv) Water Supply

The following report has been kindly supplied by the City Water Engineer (Mr. H. H. Crawley, A.M.I.C.E., M.I.W.E.).

The water supply of the City of Oxford and its surrounding water area was satisfactory in quantity and quality during the year. With the commissioning of the new 24-in. diameter trunk main from Lake Street to Brasenose Reservoir an improvement in the pressure in the Rose Hill area was achieved but the full effect will not be apparent until the new service reservoir at Brasenose, now under construction, is completed.

The total quantity of water treated at Swinford Works and pumped to Beacon Hill Reservoir during 1956 was 2,591,388,000 gallons, a decrease of 16,169,000 gallons from the quantity treated in 1955. This decrease is due to the fact that whereas 1955 was exceptionally hot and dry 1956 had an unusually wet summer.

After deducting metered supplies the average consumption per head per day was 23.8 gallons.

Bacteriological Examinations

Samples of water from the River Thames, which is the source of supply, were taken each month together with samples after settlement, after filtration and of the final water leaving Swinford Works.

The results of the examinations of the above samples made by the Public Health Laboratory Service showed the following ranges in the probable number of coliform bacilli (2 days at 37°C) per 100 ml.

River Thames samples	25 to 9,000
Settled water samples	0 to 2,250
Filtered water samples	0 to 70
Final water samples	0

The improvement shown in the Settled water and Filtered water samples is due to pre-chlorination of the water entering the settling tanks which was commenced early in the year.

Bacteriological samples were also taken at least weekly from each of the service reservoirs and from consumers' taps in various parts of the area. The results of these samples were as follows:—

Oxford Mail Photo

AT PLAY IN ST. EBBE'S AREA

Place of Sampling	Total No. of samples taken	Results		Satisfactory samples as percentage of total number
		Satisfactory	Unsatisfactory	
				%
Works Cottages ..	13	12	1	92.5
Beacon Hill Reservoir	53	52	1	98.1
Headington Reservoir	57	48	9	84.2
Shotover Reservoir	108	97	11	90.0
Boars Hill Reservoir	54	49	5	90.8
Consumers' Taps ..	196	185	11	94.4
Totals ..	481	443	38	92.1

The majority of the unsatisfactory results were due to non-faecal organisms. Additional chlorination was done as a safeguard at the points concerned.

Chemical Analyses

Monthly samples of the Raw Thames water and the Filtered water were taken and the ranges of the chemical analyses of each are given below.

	Raw Thames Water		Filtered Water	
	Max.	Min.	Max.	Min.
Physical Characters—				
Reaction pH	8.7	7.9	7.9	7.2
Colour in 2 ft. stratum ..	very turbid brown	opaque brown	Clear yellowish green	Clear pale green
Suspended matter .. p.p.m.	167	Present	Trace	Nil
Chemical Characters—	Parts per	million	Parts per	million
Total solids dried at 100°C ..	468	322	446	302
Loss on ignition	75	31	58	20
Chlorine in chlorides ..	29.0	20.0	29.0	21.0
do. × 1.647 = sodium chloride	47.7	32.9	47.7	34.5
Nitrites	Present	—	Present	—
Nitrogen as Nitrates ..	6.7	0.9	5.5	0.70
Saline ammonia	1.00	0.05	1.12	0.018
Albuminoid ammonia ..	2.24	0.176	0.280	0.120
Oxygen absorbed: 3 hrs. at 37°C	6.00	0.67	1.60	0.60
Hardness: Total	280	190	280	190
Temporary ..	200	125	195	125
Permanent ..	110	40	110	60
Poisonous metals: Lead ..	—	—	—	—
Copper ..	—	—	—	—
Phosphate as P_2O_5	1.25	0.22	Not determined	
Silica as S_1O_2	44.6	3.80	,,	
Fluorides as F	0.17	0.16	0.12	0.12

All properties in the City are supplied from public water mains with the exception of those in Binsey Village where there is a well supply with storage tank serving approximately 75 persons.

(B) HOUSING CONDITIONS

Major attention was directed during the year to the St. Ebbe's and Headington regions with particular regard to conditions in the former Area which contains the largest number of unfit houses of any area in the City.

The Slum Clearance programme required by the Ministry was amended during the year so as to speed up progress in clearance of the unfit houses included in this scheme, The period envisaged for clearing up to somewhere in the region of 700 houses is six years and the programme of clearance has been related to the house building programme in order to ensure, so far as possible, continuity in re-housing operations.

Three Clearance Areas were declared during the year involving 74 dwellings and work was in hand by the end of the year towards the preparation of Areas involving over 100 houses. 25 houses were closed during the year and 41 families re-housed by the Housing Department from unfit dwellings.

After attempts were made to clear up remnants of old Housing Actions, 8 houses still remained subject to short term licences which expire at the end of June 1957. Several of these houses have been renovated and are still in reasonable condition and they could probably provide useful accommodation for a further period if the Ministry are agreeable.

The number of houses subject to Closing or Demolition Orders continues to grow and while the majority are in the St. Ebbe's region there are quite a number of properties elsewhere which remain to be dealt with when opportunity affords.

In the Headington Area there were fewer houses than anticipated found to require extreme action but it is obvious that the new link road proposals will affect a number of properties in that Area in early course. Several houses have been dealt with by Individual Orders and in one or two cases reconditioning is being attempted.

New Regulations were approved by the Ministry during the year in respect of underground rooms. It is hoped to apply these as opportunity affords particularly where the conditions found suggest danger to health.

In-so-far as repairs are concerned, work under Section 9 of the Housing Act 1936, still remains difficult by reason of prevailing low rentals and high costs of repairs. A certain amount of activity was possible and some 153 defective dwelling houses were repaired following Informal Action. Statutory Action was necessary in connection with 14 unfit dwelling houses and five were rendered fit after such action, the remainder awaiting completion during the ensuing year. Eleven Demolition Orders were made under Section 11 of the Housing Act 1936 and 21 houses were demolished. Twelve dwelling houses were closed under the amended provisions of the Local Government (Miscellaneous Provisions Act) 1953.

Landlords are still unwilling or unable to carry out extensive repair work to sub-standard dwelling houses. Much of this property is too good for closure or clearance, and decision as to the action to be taken is often

difficult. Fear of rental increases seems to be preventing many tenants from complaining and they remain for the most part unwilling themselves to carry out even minor repairs. The tenant who is prepared to carry out works to keep his dwelling house comfortable without worrying his Landlord on the matter is still the exception rather than the rule. The provisions of the Housing Repairs and Rents Act 1954—which it was hoped would stimulate repairs of dwelling houses—have proved a failure.

During the year only one application was received for a Disrepair Certificate and it was granted. Three Certificates previously granted were revoked on application following completion of the works of repair. Since the Act came into force only 16 applications for Certificates have been received by the Department and 14 of these were granted, two being refused. A total of seven Certificates have been revoked following completion of works of repair leaving seven Certificates still unresolved.

Applications to the Housing Committee for Improvement Grants continued at about the same rate as last year there being 65 applications of which 60 were granted. I am indebted to the City Engineer for the information on this matter and it is reported that the total amount of grant involved in the successful applications was £12,381 8*s.* 11*d.*—almost twice the amount granted last year in respect of 69 applications. The majority of the applications were in connection with the provision of hot water systems and bathroom facilities. Rent control seems to be the stumbling block in so far as conversion of large properties into smaller units is concerned.

Some 2,500 inspections of dwelling houses were made during the year and 270 houses were recorded under the Housing Consolidated Regulations. 251 of these were found to be unfit and requiring action.

Repairs and Improvements carried out, 1956

Matters dealt with	Dwelling Houses	Food Premises	Other Premises	Total
Accumulations	2	7	6	15
Animal Nuisances	2	2	—	4
Cooking Accommodation	3	—	—	3
Dampness	31	—	—	31
Dustbins	5	8	—	13
Drains Tested	2	—	1	3
Drains/Waste Pipes Cleared	16	1	1	18
Drains/Waste Pipes etc. Repaired	20	2	1	23
Doors/Windows Repaired	54	4	1	59
Ditches/Streams Cleansed	—	1	1	2
Floors	37	4	3	44
Food Stores	1	1	—	2
Gutters, Spouting	30	6	—	36
Hot Water Supply	—	14	1	15
Lighting Improved	—	3	2	5
Manure Pits Emptied	—	—	—	—
Manure Pits Repaired/Improved	—	—	—	—
Piggeries Cleansed	—	—	—	—
Piggeries Repaired	—	—	—	—
Roofs	47	1	1	49
Rooms Cleansed/Redecorated	5	45	11	61
San. Accom. Prov/Rep.	24	11	13	48
San. Accom. Cleansed and Redecorated	2	9	7	18
Sinks/Wash Basins Rep/Prov.	5	8	—	13
Sites Cleared	—	—	1	1
Smoke Nuisances (Industrial)	—	—	2	2
Stables Cleansed	—	—	—	—
Ventilation Improved	5	4	2	11
Walls and Chimneys (External)	34	1	—	35
Walls and Ceilings (Internal)	69	26	7	102
Water Supply Prov/Reinstated	8	1	1	10
Water Heaters Provided	—	16	—	16
Water Supply Installed	1	3	—	4
Yards Repaired, etc.	1	2	—	3
Other Nuisances	15	36	19	70
Food Stores Cleansed/Decorated	—	2	—	2
Food Protection	—	3	—	3
Forecourt Display Raised	—	1	—	1
Windows	2	1	—	3
Fire-places Repaired	8	—	—	8
Hand Washing Facilities	—	5	—	5
Staircases Repaired	1	—	—	1
Foodstuffs Screened	—	1	—	1
Clothing Locker Supplied	—	1	—	1
Open Food Protection	—	13	1	14
Wash Hand Notices	—	2	—	2
Nail Brushes Provided	—	1	—	1
Totals	430	246	82	758

(C) SUPERVISION OF MILK, MEAT AND OTHER FOOD SUPPLIES

(i) Milk and Milk Products

There were 50 distributors of milk on the register at the end of the year, 3 less than in the previous year, and only one heat treatment plant continues in operation within the City. The Co-operative Society operate this plant which is of the high temperature short time type having con-

siderable output. An up-to-date Dawson bottle washer is operated in conjunction with the plant and is proving most efficient.

17 shopkeepers continued to sell bottled milk as received from dairies and the Local Co-operative Society distributed sterilized milk through their various branches. The City area is, of course, a Special Designation area in which only heat treated and raw Special Designation milks may be sold.

110 samples of milk were examined by the Gerber method as preliminary to official sampling and 28 proved below standard leading to follow-up samples for official analysis. Of 15 samples officially taken from one herd no less than 10 were returned by the City Analyst as being below standard. The average fat content of the samples was only 2.78% with 8.5% non fatty solids. The results generally were considered to be due to poor quality production.

102 (175) samples of raw milk (T.T.) were subjected to the official Methylene Blue test for keeping quality and 6 (25) failed, a percentage of 5.88. This is a much improved result and points to greater care at the sources. 10 samples of ungraded milk were examined, all being from the herd of a local hospital. All the samples proved satisfactory.

	Samples Tested	Satis. (Normal Lab. Temp.)	Satis. (Abnormal Lab. Temp.)	Total Satis.	Declared Void	Failed
Raw Milk (Methylene Blue Test)						
T.T.(farmbottled)	23	22	—	22	—	1
T.T.	69	64	—	64	—	5
Ungraded ..	10	10	—	10	—	—
Total ..	102	96	—	96	—	6
Heat Treated Milk (Methylene Blue Test)						
Pasteurised ..	360	286	56	342	13	5
T.T. (Pasteurised)	273	223	37	260	12	1
Total ..	633	509	93	602	25	6
Heat Treated Milk (Phosphatase Test)						
Pasteurised ..	360	358	—	358	—	2
T.T. (Pasteurised)	273	270	—	270	—	3
Total ..	633	628	—	628	—	5
Heat Treated Milk (Turbidity Test)						
Sterilised ..	8	8	—	8	—	—
Total	8	8	—	8	—	—

Of the Pasteurised milk samples only 6 (10) or 0.95% (1.59%) of the 633 (629) samples failed the Methylene Blue test. This again is an improved record and highly satisfactory. The improvement was also evident in so far as the Phosphatase tests were concerned—5 (9) or 0.79% failed compared with 1.4% during the previous year.

All the heat treated milk sold in the City is subject to H.T.S.T. treatment. The small holder process which was operated by a dairyman in the City has ceased operation.

All samples of sterilized milk satisfied the special Turbidity test, which indicated adequate heat treatment.

There were less samples declared void by reason of high laboratory temperature although it still seems necessary to secure, if possible, an amended form of test.

Tubercle Bacilli in Milk

281 samples were taken during the year and submitted for guinea pig innoculation. 3 were returned as positive involving two herds. In both cases milk supplies were subject to pasteurization treatment and follow-up by the veterinary services showed that the offending animals were eventually removed from the herds. In 12 cases guinea pigs died before completion of the tests.

Ice Cream

The number of dealers in ice cream continues to rise, there being 359 on the register at the end of the year, an increase of 7.

Five manufacturers operate within the City and general hygienic standard is good. The majority of the ice cream sold in the City is prewrapped or packed in containers before sale. 37 samples were examined for bacteriological cleanliness by the Methylene Blue test and only six were returned in grades 3 or 4 which can be regarded as satisfactory. Investigation into these samples showed that most were due to faults in a homogenizing plant. 21 samples were taken under the Food and Drugs Act for nutritional quality and the averages of the results were fat 10.26%, sugar 15.5% and total solids 37.26%. These are well over the National standards of 5% fat and $7\frac{1}{2}$% sugar.

(ii) Clean Food Campaign

(a) Canteen Hygiene

The special survey of canteen and kitchen hygiene methods which was started in 1955 was continued during the year and 67 premises were visited comprising restaurant kitchens, factory canteens, school and hospital kitchens. Samples of crockery and cutlery were selected at random from batches of washed articles and swabbing in accordance with a routine suggested by the Public Health Bacteriologist was carried out.

Oxford Mail Photo

HOUSEWIFES OF THE FUTURE

Temperature readings of wash waters and rinse waters and particulars of method used with description of detergent or other cleansing material were taken and the type and condition of sinks and other apparatus noted. In all except one of the premises a detergent of one form or another was used and in some cases combined with a hypo-chlorite sterilant. Temperatures of wash waters and final rinse waters were found from 98° Fahr. to 155° Fahr. there being considerable variation throughout.

(b) Education and Publicity

Considerable activity took place following the issue of the Food Hygiene Regulations at the end of 1955. Summaries were made of the Regulations affecting premises, persons, food stalls, and vehicles, and these were circulated among the food handling personnel throughout the City. Special "on-the-spot" notices were printed in triplicate and were issued in book form to Inspectors for use during visits to food premises. These notices—popularly known as "Yellow Tickets"—while couched in advisory terms, were designed to convey to persons concerned(where breaches of the Regulations had been noted) the need of care in order to avoid prosecution. These notices appeared to have quite a salutary effect and only one prosecution was found necessary during the year. In this case the Proprietress and Manageress of a Cafeteria near the Central Bus Station were fined £23 in all and £2 2*s*. 0*d*. costs, for failing to take proper steps to prevent contamination of foodstuffs on display, permitting dirty conditions of sink, benches and flooring. The case, being one of the earliest prosecutions under the Regulations, aroused considerable interest.

Opportunity was taken during the year to give talks on as many occasions as possible to interested groups of persons particularly food handlers, housewives, guilds, school leavers etc., and towards the end of the year it was possible to make a start on illustrated talks to senior school domestic science pupils. Our local colour slide illustrations proved very useful and continue to be popular. An American film secured through the good service of Captain C. T. Bush of the U.S.A.F., was shown during the year to no less than 550 persons. This film entitled "The Stowaway" showed in 3 reels the details of the hygiene of storage, handling and preparation of food in the American Naval Service. It laid particular stress on individual efficiency in hygiene, demonstrated the necessity for ample use of hot water and steam and the need for good cold storage facilities. An interesting short colour film on practical food service and display provided an excellent addition to this programme. The films were shown on eleven occasions before being returned to the U.S.A.F. A coloured film "Food Without Fear" edited by Messrs. Deosan Ltd., was also shown to audiences of food handling personnel and nursery nurses while private showings were arranged for sectional interests of the City food traders' organizations. District Inspectors continued to give advice to personnel while visiting food premises of all kinds and every attempt was made to promote individual interest in the details of hygienic food operations.

Inspection of Food Premises

Premises	No.	Inspections
Bakehouses	22	169
Butchers	82	800
Cake Shops	31	105
Confectioners	62	193
Dairies and Milkshops	40	190
Fishmongers and Poulterers	31	233
Food Preparing Premises	77	358
Fruiterers and Greengrocers	87	282
Grocers	223	1,035
Ice Cream Manufactiurers	5	66
Miscellaneous (including Ice Cream Retailers, etc.)	—	2,572
Open Stalls, Hawkers, etc.	112	521
Restaurants, Cafes, Kitchens, Snackbars and Canteens	95	849
St. Giles' Fair Food Stalls	45	655
Visits re Sampling	—	980

(iii) Meat Inspection

There was during the year a large increase in the total number of animals slaughtered for food at the two slaughterhouses situated in the City. 37,183 were slaughtered and examined as against 30,662 during 1955 which marked the return of marketing arrangements to private enterprise.

There were considerably more sheep slaughtered—17,722 as against 12,847—an increase by over 1,300 in the number of bovine animals slaughtered. All animal carcases were inspected before distribution and inspection arrangements continued on a rota system whereby each Inspector was required to carry out meat inspection one week in four at one or other of the slaughterhouses.

Certain improvements of a more or less temporary nature were carried out at the Eastwyke Farm premises and these enabled slaughtering routine to proceed smoothly throughout the year. There is still need for considerable improvements and redesigning of these premises and no doubt in time something will be done in this regard.

There was little in the way of evening or weekend killing needed for, by agreement, Sunday killing was eliminated and overtime reduced considerably.

The Co-operative premises in Botley Road continue to cope well with requirements although a scheme for certain improvements was well in hand at the end of the year. Both slaughterhouses are licensed for the full interim period envisaged as necessary by the Ministry before general national reorganization can be expected.

There is still a shortage of cool hanging space and more is needed in connection with the two slaughtering premises which are regularly in use. Certain deep freeze storage is, however, available in the City and is used by traders. Figures are given below to indicate the throughput at each

slaughterhouse and it should be noted that a certain amount of meat inspection was carried out at Thame Borough slaughterhouse, necessitated by Foot and Mouth disease emergency in connection with a City Trader's stock.

	Eastwyke	*Co-op.*	*Shops*	*Thame*
Bulls ..	1	6	—	—
Steers ..	787	1,399	—	10
Cows ..	143	242	—	—
Heifers ..	829	1,205	2	2
Calves ..	1,924	1,241	—	—
Sheep ..	9,558	8,162	2	40
Swine ..	5,205	6,477	—	—
	18,447	18,732	4	52

No. of visits for Meat Inspection 982

The table below shows the extent of meat inspection work over the last 20 years with visits made under the provisions of the Public Health Meat Regulations.

Year	Total number of animals inspected	Total number of visits in connection with meat inspection
1937	29,846	5,067
1938	28,201	5,157
1939	29,661	4,365
1940	81,988	952
1941	70,322	984
1942	48,529	1,095
1943	39,772	1,021
1944	38,579	911
1945	35,976	969
1946	35,301	1,015
1947	30,313	987
1948	24,761	1,001
1949	25,849	980
1950	28,732	1,096
1951	23,303	811
1952	30,700	779
1953	29,033	834
1954	35,188	901
1955	30,662	824
1956	37,183	982

Cysticercus Bovis

27 suspected cases of Cysticercus Bovis (tape-worm cysts) were discovered in animal carcases as against 11 during the previous year. Cold storage precautions were advised in all cases. Confirmation by Laboratory examination was received in seven cases although most, if not all of the remainder, were considered as cysts in various stages of degeneration, too far advanced for Laboratory confirmation.

In all but one case, cysts were demonstrated in the cheek muscles only, the remaining case involving the heart muscle. There were no extensive infestations found. Two animals were of Irish origin. The Ministry Veterinary Officer concerned was advised in all cases where origin was discovered in order that enquiries could be made at the farm concerned regarding likely sources of contamination. It was not always easy to trace an animal to its original source although auctioneers and owners co-operated reasonably well in enquiries. There is much lack of reliability in regard to identification of animals in the general marketing system particularly where there is more than one move.

Liver Fluke (Distomatosis)

The following figures show the trend in this parasitic affection of bovines and sheep for the last seven years, it appears to be on the increase in bovines.

Year	Bovines Inspected	Bovines Affected	Per-centage	Sheep Inspected	Sheep Affected	Per-centage
1950	12,838	1,293	9.95	14,449	335	2.31
1951	10,759	1,035	9.62	10,094	180	1.78
1952	11,823	1,288	10.81	15,602	377	2.41
1953	9,502	1,119	11.75	15,017	541	3.57
1954	8,982	734	8.14	18,079	254	1.39
1955	6,392	777	12.12	12,847	197	1.51
1956	7,779	1,057	13.52	17,722	205	1.14

Tuberculosis

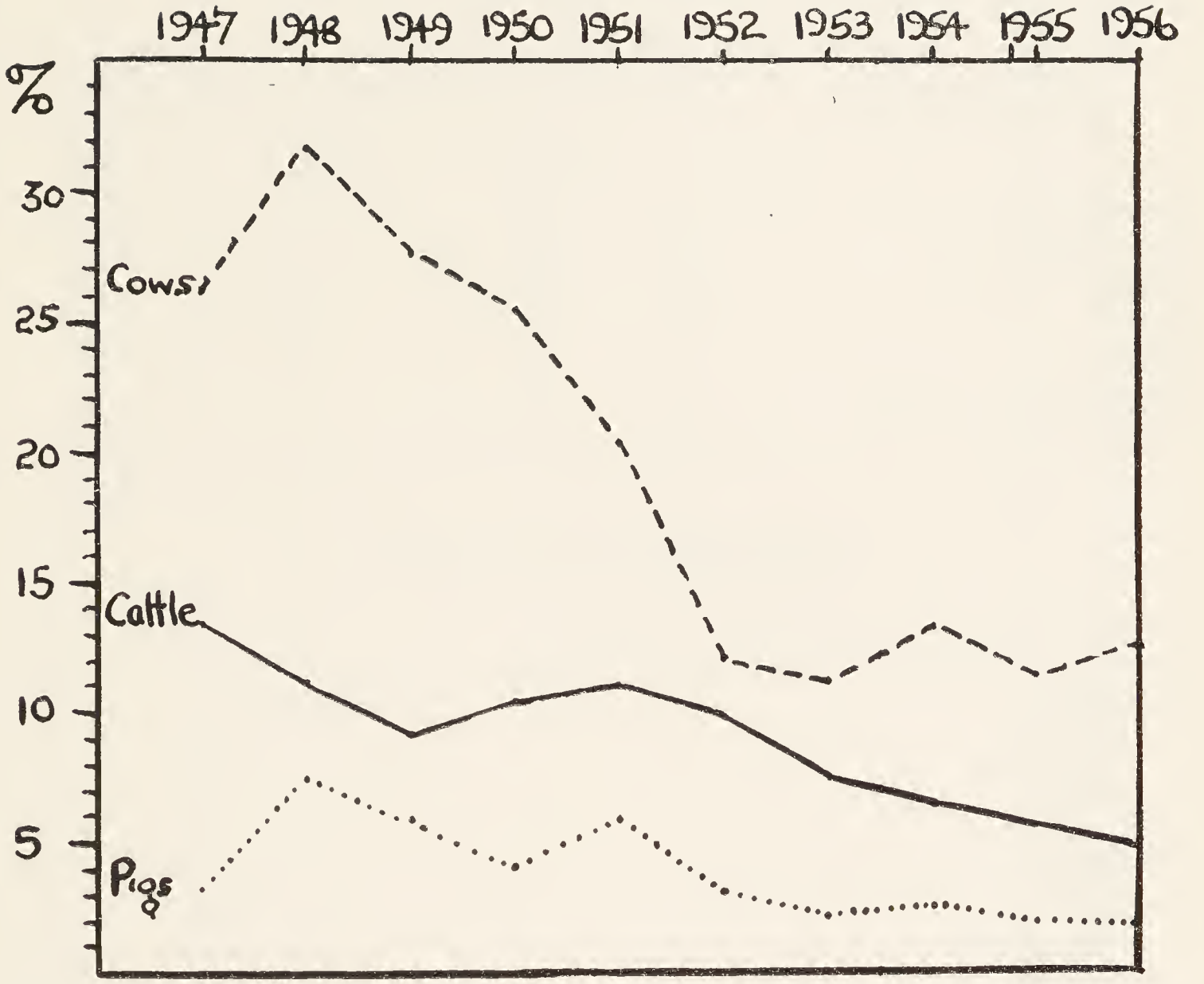
The following table and graph show results achieved over the past 10 years and the general decline in Tuberculosis infection among cattle.

There was a slight increase this year in the incidence among cows and calves but the figures are very satisfactory and the general trend is still downward.

Percentage of Animals affected with Tuberculosis

	Cattle	Cows	Calves	Pigs
1947	13.3	26.2	0.4	3.2
1948	11.1	31.7	0.5	7.4
1949	9.1	27.6	0.1	5.9
1950	10.4	25.4	0.1	4.0
1951	11.0	20.3	0.1	5.9
1952	9.8	12.0	0.09	3.0
1953	7.5	11.2	0.09	2.2
1954	6.5	13.3	—	2.5
1955	5.7	11.4	0.08	1.9
1956	4.8	12.5	0.1	1.8

Trend over 10 years



Carcases Inspected and Condemned, 1956

	Cattle, excluding Cows	Cows	Calves	Sheep and Lambs	Pigs
Number killed	4,229	385	3,165	17,722	11,682
Number inspected	4,229	385	3,165	17,722	11,682
All diseases except Tuberculosis: Whole carcases condemned ..	1	2	24	1	11
Carcases of which some part or organ was condemned ..	1,480	154	18	587	818
Percentage of the number inspected affected with disease other than tuberculosis ..	35.0	40.5	1.3	3.3	7.0
Tuberculosis only: Whole carcases condemned ..	5	3	2	—	2
Carcases of which some part or organ was condemned ..	198	45	2	—	206
Percentage of the number inspected affected with tuberculosis	4.8	12.5	0.1	—	1.8

Tuberculosis in Food Animals, 1956

Portions dealt with	Bovines		Pigs		Totals Bovines & Pigs	
	No.	Weight (lbs.)	No.	Weight (lbs.)	No.	Weight (lbs.)
Whole Carcases	10	5,901	2	208	12	6,109
Part Carcases	13	1,261	—	—	13	1,261
Heads and Tongues	113	3,800	186	2,276	299	6,076
Lungs	163	1,769	7	23	170	1,792
Hearts	1	5	5	5	6	10
Livers	49	727	9	29	58	756
Stomachs and Intestines ..	27	669	12	52	39	721
Other Organs	19	62	21	24	40	86
Totals	395	14,194	242	2,617	637	16,811

Decomposition of Meat, 1956

Quantity dealt with	Weight lbs.	
English:		
Beef	1,867	
Beef Offal	261	
Mutton	55	
Pork	13	
Pork Offal	28	
		2,224
Imported:		
Beef	862	
Beef Offal	105	
Mutton Offal	20	
Pork Offal	494	
		1,481
Total		3,705

Total Condemnation of Meat, 1956

	lbs.	*lbs.*
English Meat	42,988½	
Imported Meat	1,481	
		44,469½

Condition

		lbs.	*lbs.*
1.	Tuberculosis	16,811	
2.	Other Diseases	23,953½	
3.	Decomposition	3,705	
			44,469½

There was this year an increase in the amount of meat condemned due obviously to the larger numbers of animals slaughtered. The figure for decomposition is again higher and once again attention is directed to the need for better facilities for cooling and cold storage of meat.

No formal seizures were made, nor legal proceedings taken during the year in connection with meat inspection.

Condition	Whole Carcases & all Organs			Part Carcases			Heads & Tongues			Lungs			Hearts			Livers			Stomachs & Intestines			Other Organs			Total Weight		
	Bovines	Sheep	Swine	Bovines	Sheep	Swine	Bovines	Sheep	Swine	Bovines	Sheep	Swine	Bovines	Sheep	Swine	Bovines	Sheep	Swine	Bovines	Sheep	Swine	Bovines	Sheep	Swine	Bovines lbs.	Sheep lbs.	Swine lbs.
Abscesses	—	—	—	4	2	3	3	—	1	7	2	5	1	—	4	155	8	6	5	—	—	7	—	—	2,465	23½	77
Actinomycosis ..	—	—	—	—	—	—	21	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	516	—	—
Angioma	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	24	1	—	—	—	—	—	—	—	367	1	—
Cirrhosis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	108	2	128	—	—	—	—	—	—	1,386	4	386
Cysticercus Bovis ..	—	—	—	—	—	—	20	—	—	—	—	—	8	—	—	—	—	—	—	—	—	1	—	—	711	—	—
Cysts	—	—	—	—	—	—	—	—	—	14	3	—	—	—	—	5	90	6	—	—	—	1	—	13	259	181½	28½
Distomatosis	—	—	—	—	—	—	—	—	—	12	1	—	—	—	—	1057	205	—	—	—	—	—	—	—	9,211½	421	—
Erysipelas	—	—	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	379
Fevered Condition ..	2	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1,250	—	97
Immaturity	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	48	—	—
Inflammatory Condition	—	—	1	—	1	1	—	—	—	21	1	41	—	—	16	8	3	12	1	—	2	8	—	2	327	15	731
Injury	20	1	—	3	4	5	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	1,150¼	70	217
Jaundice	1	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	73	—	154
Johne's Disease ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—	—	—	40	—	—
Necrosis	—	—	—	—	—	—	—	—	—	—	1	4	—	—	—	5	1	38	1	—	—	1	—	5	111½	2	106¾
Oedema	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	—	—	—	—	7	62	—	426
Parasitic Condition ..	—	—	—	—	—	—	—	—	3	—	4	4	—	1	2	1	145	141	—	—	—	—	—	—	2	328	451
Pericarditis	2	—	—	—	—	—	—	—	—	—	—	7	3	4	75	—	—	3	—	—	—	—	—	—	1,125	4	93
Pneumonia	—	—	1	—	—	—	—	—	—	7	27	159	—	—	6	—	—	4	—	—	—	—	—	—	33	35	379
Tumours	—	—	—	1	—	—	1	—	—	1	—	—	—	—	—	5	—	1	—	—	—	2	—	—	203	—	3
	27	1	11	8	7	9	45	—	5	62	39	220	12	5	103	1368	455	339	12	—	3	22	—	27	19,340¼	1,085	3,528¼

(iv) Sampling of Food and Drugs

204 (232) samples were submitted for examination by the Public Analyst and of these 25 (29) were returned as non-genuine.

15 formal samples of milk were taken in connection with the supply by one cow-keeper to a local dairy depot. Only 5 of the samples proved up to standard, the other 10 being deficient in fat content, and there was no evidence of added water. The general conclusion reached was that the milk was of poor quality production. The Milk Advisory Officer was advised of the circumstances. One sample of evaporated milk proved genuine.

Once again attention was directed to the meat content of sausages and sausage rolls, 13 samples being taken, of which only one sample of pork sausages was returned as non-genuine. This sample contained 63% of meat, slightly below the standard acceptable locally and it was returned as of inferior quality. After advising the manufacturers a considerable increase of meat content was obvious in a further sample. The average meat content of pork sausages proved to be 67.8% with the average price per pound at 2*s*. 8*d*. There still appears no relation between meat content and price, the highest meat content being 73% at 2*s*. 8*d*. per pound and the lowest 63% at 2*s*. 10*d*. per pound. The beef sausage samples contained well over 50% meat content at prices of 1*s*. 11*d*. and 2*s*. 0*d*. per pound.

A number of lemon, glycerine and honey samples were returned as incorrectly described and following formal samples, warnings were issued and discussions between the Public Analyst, the Manufacturer and this Department resulted in a new label being agreed.

4 bread and butter samples were taken and resulted in 2 being returned as non-genuine—containing margarine. In one case a warning was issued on the grounds that a notice (rather illegible) had been shown. In the other case, clear proof existed, and a fine of £5 and £1 15*s*. 0*d*. costs was imposed by the Local Magistrates.

A sample of tea was found to have a misleading label and following advice, a new label was produced.

Two samples of canned goods contained excess of lead but no further stock was discovered.

A sample of coconut jelly confectionery was withdrawn from sale as unfit for consumption following the report of the City Analyst that there was an unusual excess of flavouring matter.

Further investigation of Chinese and other imported egg material was made during the year. Sampling of individual containers was carried out over a period at each baker's premises but in no case was Salmonella infection found although many unsatisfactory bacteriological results were received. It is quite clear that most of this imported material is bacteriologically unsatisfactory and great care in its handling and treatment is

necessary. Further sampling continues but one still feels apprehensive of inherent danger in the use without prior treatment of this material. Considerable interest has been aroused in this matter throughout the country and the Ministry are, it is understood, looking very carefully into the circumstances. It is hoped that something will be done by the Central Authority in the near future to ensure that material of this kind is either imported as a bacteriologically satisfactory article or is subject to adequate treatment before distribution throughout the country.

A trader in the open market at the Oxpens was prosecuted for selling mouldy peppermint creams and on pleading guilty was fined £14 and £2 2*s*. 0*d*. costs.

The quantity of foodstuffs surrendered for destruction by tradesmen throughout the City was again slightly less than the previous year. The principal items—canned fruit and vegetables—accounted for over half the total amount being over two-thirds of the total of the canned goods condemned. Canned meats reached a fairly high figure there being over 1 ton condemned during the year. There was nearly 1 ton of fresh vegetables condemned because of unsoundness and $\frac{3}{4}$ ton of fruit; cheese condemned amounted to some 6 cwts. One cwt. of imported dried milk was found unusable—being sour. Two cwts. of fish had to be disposed of because of decomposition mainly on account of unsatisfactory transport.

Unsound foodstuffs were disposed of either by tipping under supervision at the Corporation tip or where tipping was not deemed desirable, by incineration at the Radcliffe Infirmary Incinerator.

Once again attention is directed to the need for constant care, if waste is to be reduced, in the handling, storage and transit of perishable foodstuffs.

Merchandise Marks Act, 1887/1953

88 visits were made to shops and retailers' premises in the City in connection with the marking and description of certain food commodities under the provisions of the Act.

As usual, activity was most marked towards Christmas time. One prosecution resulted from the sale of eggs. A trader in the open market was convicted of selling standard cooking eggs as English new laid and was fined £10, and on a second charge of using a false description in connection with standard cooking eggs he was fined a further £5.

FOOD AND DRUGS ACT, 1955

Samples taken for Analysis during the year 1956

Article	No. of Samples obtained			Results of Analysis	
	Formal	Informal	Total	Genuine	Non-Genuine
Almonds, Ground ...	—	1	1	1	—
Biscuits	—	2	2	2	—
Bread and Butter ...	4	—	4	2	2
Butter	—	9	9	9	—
Cake Mixture ...	—	3	3	3	—
Cakes	—	4	4	2	2
Chicken (Chopped) ...	—	3	3	3	—
Coconut, Dessicated ...	—	1	1	1	—
Coffee	—	1	1	1	—
Colouring	—	1	1	1	—
Confectionery... ...	—	20	20	19	1
Cooking Oil	1	—	1	1	—
Cordial	—	1	1	1	—
Cream	1	3	4	4	—
Custard Powder ...	—	1	1	1	—
Dripping	—	1	1	1	—
Fish Cakes	—	3	3	3	—
Fish (Canned) ...	—	2	2	2	—
Flour Products ...	—	3	3	3	—
Fruit (Canned) ...	—	2	2	2	—
Fruit (Dried)	—	7	7	7	—
Glucose	—	1	1	1	—
Herbs	—	1	1	1	—
Ice Cream	2	19	21	21	—
Jelly	—	1	1	1	—
Lard	1	2	3	3	—
Lemon Juice ...	—	4	4	4	—
Margarine	—	1	1	1	—
Margarine with Butter	—	4	4	4	—
Meat (Canned) ...	—	3	3	2	1
Milk	15	—	15	5	10
Milk, Evaporated ...	—	1	1	1	—
Paste	—	7	7	7	—
Pepper	—	3	3	3	—
Pork Pie	—	2	2	2	—
Preserves	—	3	3	3	—
Rice	—	1	1	1	—
Rice Pudding ...	—	1	1	1	—
Salad Cream	—	6	6	6	—
Sauce	—	6	6	6	—
Sausages, Beef ...	—	2	2	2	—
Sausages, Pork ...	—	8	8	7	1
Sausage Rolls... ...	—	3	3	3	—
Savouries	—	2	2	2	—
Soft Drink Tablets ...	—	1	1	1	—
Soup	—	6	6	6	—
Tea	—	6	6	5	1
Vegetables (Canned)	—	2	2	1	1
Vinegar	—	2	2	2	—
Water, Boiled ...	—	1	1	1	—
Drugs:—					
Camphorated Oil ...	—	1	1	1	—
Cough Lozenges ...	—	2	2	2	—
Cough Mixture ...	—	3	3	2	1
Herbal Tablets ...	—	1	1	1	—
Lemon, Glycerine and Honey ...	2	3	5	—	5
Petroleum Jelly ...	—	1	1	1	—
Totals ...	26	178	204	179	25

Table of Adulterations

No of Sample		Article	Result of Analysis	Action take
Informal	Formal			
20		Lemon, Glycerine and Honey	Incorrectly described	See formal samples Nos. 33 and 34
21		Lemon, Glycerine and Honey		
22		Lemon, Glycerine and Honey		
	33	Lemon, Glycerine and Honey	,, ,,	Warnings issued Discussion between Public Analyst, Chief Public Health Inspector and Manufacturer re new label.
	34	Lemon, Glycerine and Honey		
	45	Bread and butter	Contained Margarine	As notice shown. Warning issued.
	47	Bread and butter	,, ,,	Prosecution. Fined £5 and costs £1 15 0.
51		Chocolate Rolls	Contained no chocolate	Subject to further investigation.
64		Corned Beef	Contained 8 p.p.m. of lead	Retailer advised—no further stock.
123		Chocolate Snowballs	Contained mould growth	Stock surrendered and destroyed.
	75	Milk	Fat 2.20% Below the minimum	See formal samples Nos. 84—88.
	76	Milk	Fat 2.60% ,,	
	77	Milk	Fat 2.55% ,,	
	79	Milk	Fat 2.90% ,,	
	80	Milk	Fat 2.55% ,,	
	84	Milk	Fat 2.20% Appeal to cow	Producer advised re poor quality production. Milk Advisory Officer also advised.
	85	Milk	Fat 2.50% ,,	
	86	Milk	Fat 1.90% ,,	
	87	Milk	Fat 2.50% ,,	
	88	Milk	Fat 2.00% ,,	
126		Cough Mixture	Incorrectly labelled	Manufacturer advised re adjustment of label.
156		Coconut Jelly Sweets	Unfit for consumption	Withdrawn from sale following advice re excess flavouring.
172		Tea	Misleading label	New labels produced following advice re misleading statement.
179		Canned Peeled Tomatoes	Contained excesses of tin and lead	No further unsatisfactory samples found in consignment concerned.
200		Pork sausages	Meat content 63% Inferior quality	Manufacturers advised and arrangements made for improved meat content.

Foodstuffs Surrendered for Destruction

Commodity	Weight in lbs.	
Bacon	364¾	
Butter	47½	
Cake	664¾	
Cereals	39¾	
Cheese	673¼	
Confectionery	44¾	
Fish	236	
Flour	30	
Fruit	1,777¾	
Jam	22¼	
Milk, Dried	112	
Mincemeat	16¾	
Pickles	14½	
Poultry	18¾	
Salad Dressing	18½	
Sauces	15¼	
Sausages	88¼	
Spreads	23¼	
Suet	18	
Vegetables	1,929¾	
Miscellaneous	136¼	
		6,292
Canned—		
Fish	219	
Fruit	3,747¼	
Jam	110½	
Meat	2,522	
Milk	277	
Soup	250	
Vegetables	7,215¼	
Miscellaneous	520	
		14,861
Total		21,153

(v) Markets

There are two open markets in Oxford, a large covered permanent market situated behind the junction of the High and Cornmarket Street, this being a popular shopping rendezvous, while an open market continues to be held weekly on Wednesdays at the Oxpens adjoining the local cattle market.

The permanent hygienic metal stalls erected in the open market have proved a success, have tidied up the appearance of the area and have improved the general hygienic standard.

Efforts were made during the year to secure suitable arrangements for hand-washing at those stalls where open food is being sold. Traders generally have co-operated well and have provided suitable facilities wherever request has been made.

Improvements are being secured in hygienic standards at all food stalls in the closed market and as opportunity affords additional sinks and hot water fitments are being provided and easily cleansable surfaces being fitted wherever considered desirable. Attempts to provide protection screens or covers for open food displays are also being persisted and

it is hoped within a short time to have all open food displayed behind covers so that risk of contamination is reduced to a minimum.

The number of food shops and stalls at the two markets are as follows:—

Covered Market—

Butchers and Bacon Dealers	14
Fishmonger and Poulterers	7
Fruiterers and Greengrocers	16
Confectioners	2
Grocers	3
Restaurants	3
	45

Open Market—

Fruiterers and Greengrocers	13
Confectioners	5
Ice Cream Dealers	1
Fishmongers	2
Grocers	3
Biscuit Stall	1
Frankfurter Stall	1
	26